THE NEW HEALING

ANDREW T. STILL, 1828–1917
THE FOUNDER OF OSTEOPATHY

THE NEW HEALING

BY

WILFRID A. STREETER

WITH SEVEN ILLUSTRATIONS

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TO

THE MEMORY

OF THE

FOUNDER OF OSTEOPATHY

DR. ANDREW T. STILL

THIS BOOK IS DEDICATED

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PREFACE

THIS is not a text-book of osteopathy. For a full technical exposition of osteopathic principles and practice, intended for experts, readers must look elsewhere. This book is a popular explanation of osteopathy, a statement of principles and a manifesto to the public. In writing it I avow a definite polemical purpose. It has been written, in such scanty intervals of leisure as my practice allows me, with the object of informing the public of the issues underlying the controversy between the representatives of the Old Healing and the New; to show the grounds upon which the reigning school of medicine, relying upon drug therapeutics, is challenged by the new system of drugless medicine and bloodless surgery; to define the scope of this new system in relation to chronic and acute diseases and in its specialized application to bodily ailments; to assail the monopolistic and autocratic powers conferred upon the dominant school of medicine by Acts of Parliament; and to describe and justify the campaign of education, propaganda, and agitation by which it is sought to break down the medical monopoly and to secure legal recognition and regulation of osteopathy on a footing of complete equality with orthodox medicine.

In my judgment, the issues raised in this book are of equal importance to the public, to the regular medical profession, and to the 'irregular' practitioners amongst whom—in the present state of the law in Britain—I must include myself. The public is interested because it is of importance that no new developments in the science and art of healing should be withheld from them on account of the jealousy of rival cults or competitive

professions. The regular medical profession is interested, because the existing Medical Acts admittedly do not afford it protection any more than they protect the public. And the 'irregular' practitioners are interested, because it is to their advantage that the stigma of charlatanry placed upon them should be removed by measures which will establish for the new schools of healing the same high standard of education and professional competence that the orthodox profession has established for itself, and that the practice of healing, under any name whatsoever, should be prohibited to those who have not qualified according to these high standards.

In this book I have endeavoured to state the aims of osteopathy as an organized profession. In the nature of the case, a personal note has been struck in certain of the chapters, but the reader, I hope, will bear in mind that the matters dealt with in this book are matters of acute controversy, and that I speak for a body of qualified and reputable practitioners which has been accused of wishing to enter the regular medical profession by a back-door and of trying to lower the standards of medical education and training in order to make the quack and charlatan safe, prosperous, and respectable. Nothing could be farther from the truth. In these pages I have sought to convince the reader that the only way of maintaining a high standard of medical education and of protecting the public against the exploitation of the healing art by ignorant and incompetent persons is to revise the Medical Acts, which were framed before the principles and technique of osteopathy—the scientific and standardized formulation of the system of mechano-therapeutics—were presented as a challenge. It is no answer to that challenge to say that the osteopaths want to lower the standards of medical education—for that is not true; what the osteopaths want, why they want it, and how

they are trying to get it, the reader will, I trust, learn from this book.

My thanks are due to a number of friends and colleagues who have given me invaluable suggestions and advice in the writing of this book: I desire especially to acknowledge the help of Dr. Frank Collie (my valued colleague in the practice I have carried on in London for five years), and my osteopathic colleague, Dr. J. A. van Brakle, who have read the whole or portions of the book and have given me the full benefit of their knowledge and experience in dealing with various aspects of the subjects discussed in its pages. The illustrations of osteopathic institutions are merely a selection, and might easily have been multiplied to show the numerous hospitals, colleges, sanatoria and other facilities which our organized profession has produced.

WILFRID A. STREETER

LONDON
9 March 1929

PART I

HISTORY OF OSTEOPATHY

THE NEW HEALING

PART I

HISTORY OF OSTEOPATHY

CHAPTER I

A DAMNING INDICTMENT

ORTHODOX MEDICINE AS A MEDICAL MAN SEES IT

CRITICISM of the medical profession by those who stand outside the pale and are regarded as ‘ irregular practitioners ’, or by laymen who have no technical knowledge of the thing they criticize, must necessarily carry less weight than criticism which comes from a fully qualified and properly registered medical man. The testimony of the ‘ irregular practitioner ’ or the layman is suspect. The one is supposed to have a grievance, or an axe to grind ; the other is quite often, but not always, a crank or a faddist. What a doctor says about doctoring, however, is calculated to be heard with respect and attention, even by his fellow-practitioners who profess the utmost contempt for the opinions of other people.

When I decided to write this book, which aims at presenting the case for the New Healing against the Old, as represented by the allopathic system based on drug-therapeutics, I discussed the general thesis with a medical man. I found, not altogether to my surprise, that he shared my doubts regarding the all-sufficiency of the allopathic system. And he gave me then to use

as I thought fit in these pages, the following considered judgment on orthodox medicine which he had written in reply to a letter he had received from a fellow-practitioner. It appeared to me to be so apposite a commentary upon the general thesis developed in the succeeding chapters that I decided to make use of it here—exactly as he wrote it.

HAS THE SCIENCE OF MEDICINE ADVANCED ?

Over forty years ago, in 1886, two young men graduated at a Scotch University. Their lives have been spent widely apart and in many lands, but all the time they have remained good friends, and intermittent correspondents. A letter from the one to the other recently contained the following sentence :

'Think what the science of Medicine was in 1886 !'

Here follows the other's reply:

You say in your letter: 'Orthodox Medicine, advancing, as it is, by leaps and bounds yearly—think what it was in 1886 !' All right, my boy, I *am* thinking: for the last ten years or so I have been thinking—seriously and dispassionately. And the result of my thinking is that I give your pious statement an unqualified denial. Not only do I think we have not advanced—least of all by leaps and bounds—nay, rather I think we have remained stationary ; if indeed in some respects we have not retrogressed.

I think of 1886 when we were not so terribly scientific, when we prated less about bacteriology, when pathology was in its infancy, when we were content with the food the baker and the butcher gave us, when our medical pundits relied more upon observation of their own and

less upon the Clinical Research Society: truly and honestly I believe the public was better off then than it is to-day.

Not for a moment do I detract from the achievements of surgery—they are epoch-making. Not for a moment do I cavil at the advances made in cleanliness, housing, sanitation. But are these not, after all, the results of the advance of civilization and the spread of education, and only in due proportion the result of medical teaching? I do not gainsay them nor minimize them, but they have resulted from the intelligent co-operation of statesmen, clerics, lawyers, sanitary experts, and from the advice even of intelligent unorthodox practitioners as much as from the efforts of the legitimate profession.

Unfulfilled Promises

When I think of the will o' the wisps, the chimeras, the roseate promises, the panaceatic theories, that have been advanced during these forty years, some of them in good faith and some of them not, it makes me positively laugh, or would make me laugh if the whole story was not such a tragedy. Listen, my friend, while I recount to you some of the things that have happened in our time. They are jotted down in haste, as my mind entertains them, and are not, unless by accident, in chronological sequence.

Tuberculin

1. Koch's Tuberculin, which from 1882 until almost the end of the century was heralded and claimed as an antidote to tuberculosis. Millions of people thanked God for a new hope held out to them—only to have their hopes slowly and painfully crushed to earth. The premature boosting of this immature claim to cure a universal disease I look upon as a crime of the first magnitude—a crime which under the sacred name of Medicine passed almost unnoticed and of course

unpunished. That Koch's hand was forced by the Kaiser is no sort of an excuse.

Serum-therapy

2. Protective inoculations for every malady under the sun, from anthrax to 'washerwoman's itch'. Cerebro-spinal meningitis, pneumonia, influenza, asthma, ordinary bronchitis have all had their serums. There are, as well, a few that apparently have done some good; for example the accidental discovery of vaccination for smallpox in the early days, and more recently the serum for diphtheria, though even these diseases are assuredly decreasing, due as much to improved sanitation as anything else. Do you remember the advent of that blessed panacea 'autogenous vaccines'? Oh! a lovely phrase I grant you. How vistas of never-failing health opened up to the deluded public through the impressive dogmatism of the family physician. 'Let's make a culture of your own nastiness, inject it, and, hey presto! all will be well.' But it *wasn't* well—many grew worse, some succumbed. But we of the profession are tenacious and loyal to our laboratory workers. Still the merry game goes on, still unhappy dupes acquire more or less permanent sniffles in the hope of being rendered immune from influenza. The gigantic humbug of it! We doctors know full well that if influenza disappeared the only *raison d'être* for our survival would be our occasional help in obstetrics.

Organo-therapy

3. The treatment by administration of animal organs or extracts. Pure empiricism when successful, pure quackery when not! And of a surety there have been more quack extracts vaunted than the other sort. Thyroid,—yes, adrenalin and pituitrin to some extent: but what about orchitin and ovarian extract and all the other nastiness? No pagan tribes of the Malayan Archipelago can rival it. *We* give cardiac extract and cerebrin to make our patients hearty and brainy, and

they eat their enemies' hearts and brains to give them courage in battle and capacity to outwit their enemy in affairs. We laugh at or shiver at the heathen orgy, but to-day in England the Royal College of Physicians blesses the pagan proceeding, dignifies it by the name of organo-therapy, and invents all sorts of high-sounding words to cloak the primitive procedure. And how the public lap it up ! But *we* are responsible.

Psycho-analysis

4. This, the greatest fraud of all, has the saving grace of having provided the public with a good deal of amusement, even if it has done an incalculable amount of harm. It is true that Freud has been preaching and developing his ideas for nearly thirty years, but it is comparatively recently that the cult has found a congenial soil in this country. Fortunately, although it flourished luxuriantly for a time, and although hundreds of grave practitioners, *mirabile dictu*, believe in it still, its power is broken and it is gradually vanishing into the limbo where so many discredited treatments have already disappeared. It is as old as the hills ; Joseph practised it on Pharaoh in the pre-Christian era, and incidentally acquired a fat job for himself. Modern practitioners, a few of them honest enough men, continue in Joseph's footsteps, and reap similar compensations. But the cult of Freudism has been killed by ridicule. The love of a lad for his mother, of a child for her doll, the joy of the gardener in the planting of his bulbs, have all regained their legitimate positions in the human horoscope. That these normal and healthy reactions should for the matter of ten years in England have been considered by medical men, who endeavoured to impart their beliefs to their patients, as manifestations of sex-perversion, or at best of sex-omnipresence, is not to the credit of a profession which claims to be the custodians of healthy minds as well as healthy bodies !

Psycho-therapy

5. This means the treatment by mental influence. There can be no possible exception taken to psycho-therapy. It has been the main agent for good in treatment since the time of Galen and Hippocrates. What is reprehensible in modern medicine is the raising of this well-recognized method of treatment to a cult, its disciples vaunting it as some new development of the healing art. The truth is that every doctor worth his salt has used psycho-therapy from his earliest days of practice, only he did not credit himself with using means with such a high-sounding title. In his heart of hearts the real physician knows that he must rely on his personal influence on his patient's mind, and realizes that this is his greatest assistant in combating their troubles. But he did not label it, nor did his patients have a name for his methods. Perhaps the nearest approach of a description was to say of their doctor that he 'had a way with him'. But the attempt to teach psycho-therapy to those who prefer to prescribe drugs is as futile as it is impossible. From all time the real doctors have been psycho-therapists, the givers of drugs nothing but peripatetic apothecaries, and as such next to useless. Psycho-therapy is born in one and cannot be acquired by study. The prophet of the Old Testament who prescribed for Naaman the Leper would have been astonished beyond measure had he been called a psycho-therapist; but such undoubtedly he was. We have learned nothing since his time.

Balneo-therapeutics

6. Another blessed word almost rivalling Mesopotamia in its seductive sound! From the time of Naaman the Leper, water, whether hot or cold, has been recognized as of value both in health and disease. It has been left to us very moderns to raise the taking of baths to be a branch of the healing art as valuable to the patient as it is lucrative

to the physician. I happened to be reading lately in the *Encyclopaedia Britannica* an article on medicinal baths: 'simple thermal', 'thermal sulphur', 'pine needle', 'aromatic', or just 'medicinal', baths—all are described with gusto. 'Mud baths' or 'peat baths' were duly chronicled and eulogized. Then follows this significant warning: 'All the conditions and habits of the patient must be considered, *pecuniary*, physical, and psychical.' I think that gives the game away unfairly! Such a frank statement is apt to make victims pause and think. One is tempted to inquire if the baths are tempered by 'the young shoots of firs and pines' or prepared with 'peat, mud, or other decomposing vegetable' matter according to the ailment or the income of the patient. The writer goes on to warn prospective patients of the unwisdom of prescribing baths for themselves, hinting that the effect of immersion in mud is apt to raise the temperature and induce grave complications! But that leaves quite a margin of the public still to be gulled by talk of argol and helium, of lithium and arsenic. Again the humbug of it! When will patients come to understand that Kissingen and Marienbad, St. Amaund and Nauheim are the last resorts of the physician who is wearied by his inability to curb the excesses of his wealthy patients. In 1886, my friend, we used linseed meal, which served most purposes as well as Dax. Before that the country folk used cow-dung. But there were no bands and casinos in these days! We are, I believe, approaching the cycle of lizards' tongues once more!

7. Years of teaching experts have taught us nothing. We knew it all in 1886—aye, and long before. We knew that Middlesbrough, with its constant grit, was not an ideal health-resort, we knew that Iceland and Mozambique were trying to any sort of sufferer. We knew that east winds were inimical to advanced

tuberculosis. We knew, but we didn't have the courage to advise them, any more than the modern physician has the courage to-day, that a voyage to Australia in the closing stages of phthisis was not likely to end in anything but disaster. But we did not pose as experts and give *ex cathedra* rulings as if our highly specialized advice was the prophetic judgment of the Sibyls. But to-day, so far has medical pontificism advanced, books on climate are published with minute directions as to the suitability of every topography for its particular ailment. It is true we know nothing more than we did fifty years ago. But there are so many new health-resorts in Switzerland, and so many tourist agencies, some of them even run by medical men, that it is only natural that the knowledge of climatology should become a fetish and a science !

Climatological Therapeutics

8. I remember twenty years ago a patient of mine returning from Germany full of the new sun cure. So insistent was the neurotic wife on the necessity of sun for the family that in the absence of King Sol himself, she, her husband, and the children adopted the habit of sitting in nature's costume in the drawing-room, with all the electric lights on ! They all developed catarrhal conditions which lasted throughout a particularly severe winter, but they all swore the benefit they had derived was pronounced. Of recent years in our country the loose belief in the healing power of the sun has been acquiesced in by physicians too timid to protest, too unscientific to investigate, and the hundreds of sun worshippers who have suffered all sorts of agonies to acquire a mulatto tint on the Italian Riviera or in the West Indies furnish proof of the inability of our medical pundits to guide the people in the paths of health. That helio-therapy has its uses and is capable

Unscientific Helio-therapy

of influencing certain diseases owes nothing to the genius of the English professional man. He has taken his lead from an obscure little village in Switzerland, although he is too insular to adopt the methods which have been so successful at Leysin. The value of sunlight is being gradually recognized in the treatment of certain specific diseases, but only by the advanced few in the profession. Meantime the helio-therapist has captured the popular imagination, and there are many physicians who preach the sun-gospel in much the same way and with the same pecuniary benefit to themselves as the Beauty Specialist vaunts his recipes and his methods.

Hypnotism

9. I have nothing to say about the facts of hypnotism. The induction of artificial sleep is too well established a fact to have any doubt thrown upon it. I was a student at the Salpetrière forty years ago, under Charcot, and saw some remarkable things during the months I attended. But I well remember my reluctant doubts as to the really permanent curative effect of anything done to patients in that condition. Here in Great Britain, where we get the credit of always being 'the last to enter into the general movement of the European mind', hypnotism as a therapeutic agent took a long time to gain any footing. But at last it did, and there are dozens of grave and learned medical men all over the country who practise it; some of them even believe in it. I can only say this, that in all my long experience of practice in London, during which time I have taken dozens of drink and drug cases, sufferers from obsessions and stammerings, to one or other of the professional hypnotists, I have never seen one single cure. I may have been unfortunate, but perhaps not so unhappy as my patients who stood the racket. Yet *none* of our leaders has the courage to state the plain truth that hypnotism as an aid to recovery is dead and discredited.

10. Forty years ago we knew all about blood-pressure. We felt our patient's pulse and we considered 'all his conditions and habits,' and we told him to curtail his whiskies or his cigars, or his excitements, if we found his pulse unduly bounding and his arteries unduly hard. And our docile patient departed reassured and resolute to follow our directions. His pulse-rate in due time reacted to his changed method of living, and all was well. But it was hardly spectacular enough. Modern medicine demanded a greater appeal to the imagination—to put it vulgarly it demanded a *quid* for the twice that *quo* ! And just in the nick of time, two decades ago, the far West came to our aid. We prepared the ground admirably. Articles on arterio-sclerosis (what a compelling nomenclature we are capable of inventing !) began to appear. Physicians let the little phrase escape, journals emphasized it, patients mouthed it, and soon it rivalled appendicitis, whose contemporary it was. Then America invented the apparatus and our own instrument-makers imported it. Soon no reputable physician could afford to be without it. Without hesitation I assert that the knowledge gained by blood-pressure instruments has been productive of ten times more harm than it has proved of value to any intelligent physician. 'What's my blood-pressure, Doctor ? ' is a common request ; and if we were not, as we fortunately are, professional and licensed liars, the truth would often be disastrous to our patients' equanimity—much more so than the actual condition of their arteries to their physical systems. Understand me, I do not decry aids to accurate knowledge, but there are some things, sufficiently popular to interest the laity, which could be ascertained without upsetting the patient's mind. Last year I went to Paris by aeroplane. Seated in front of me were two middle-

Blood-pressure

aged Americans, man and wife. As soon as we were a thousand feet up or so the lady seized her husband's wrist with her fingers and stuck to it. An alley separated them, so I judged that it was no mere conjugal affection which craved for contact. At the end of fifteen minutes his obvious anxiety as he looked furtively at his wife got the better of my natural reserve, and I asked the lady if she would share her anxiety. I told them I was a doctor. 'Well, you see, sir, my husband is addicted to high blood-pressure, and I think if I know his pulse I can reassure him!' *Verb sap.*

11. Forgive me laughing. I can never think, far less speak, of diet without smiling. A long time ago I had a consultation with the late Sir Lauder Brunton, that demon of dietetics. 'Have you put your patient on any particular diet?' 'I have not, Sir Lauder; I fear I am sceptical about the value of dietetics', and then seeing his face become grave, I added, for I was a comparatively young man, 'You can give me a wigging if you like.' 'No,' he replied. 'I am only marvelling that a man of your age should have come to a conclusion it has taken me a much longer time to arrive at'; and he sighed as he pointed at a row of his own treatises on dietetics ranged on his book-shelves near where we were sitting. It's a subject that tempts one to let go, a theme that prompts one to make merry. But there would be nothing new to say. Serious papers have called attention to the doctors' dietetic discrepancies, comic papers have with justice made capital out of our incoherencies; and the net result, if we are honest, is an admission of complete ignorance and an admission that what has been good enough for humanity since the days of Eden (don't we still talk about 'an apple a day'!) is good enough for the present generation. It is one long record of

Dietetics

foolish fads, patent pabulums served with quasi-scientific sauce and garnished with convincing cock-sureness. But it is all bunkum, and the public is beginning to see it. A year or two ago vitamins displaced the talk of calories and the West End physician daily impressed his easily-duped clientele. For a time tea was taboo, sugar suspect, bread banished, cheese catastrophic. I have met scores of patients who would rather die than take eggs, tomatoes, onions, and a lot of other things: 'Oh, *my* doctor told me of course these things were simply *poison* to me'—the 'of course' implying that the Almighty had given them such a specially delicate organism that it was a fortunate day when they confided their dietetic health to such an understanding physician. I knew a friend whose last five years of life, afflicted as he was with diabetes, were made more miserable if possible by the doctor forbidding him to smoke!

But you can't fool the public all the time. To my joy I read this in a recent *Morning Post* by that wonderful topical verse maker, Touchstone. Here it is with its introductory explanation:

(Grave doubts have been cast upon the nutritive value of vitamins by a lecturer at the British Association.)

That the vitamin nourished and warmed me
  I believed, as a layman should do;
For so medical parties informed me,
  And I thought that their statements were true.
I sought for the diet containing
  The joys in the highest degree,
Of vitamin A, while by no means disdaining
  Mere vitamin B.

I felt myself still growing stronger,
  And hoped that according to plan,
If I kept up the game a bit longer
  I should end as a true superman.

The food might be dull, but I faced it
  And ate a surprising amount,
But now I am told that my efforts were wasted—
  The stuff doesn't count.

The vitamin, experts have stated,
  Is strangely and fearfully shy,
It has never been once isolated,
  Or exposed to the curious eye.
The thing may exist, though I doubt it ;
  And even although it be there,
Since it seems I am perfectly well-off without it,
  I'm hanged if I care !

Ah, well ! If vitamins are taken from us, then we as a profession are deserted from On High ! Again don't misunderstand me. There is some justice and wisdom in warnings given about modern jugglings with food. I think it was a magnificent scientific achievement when polished rice was discovered to be an important factor in beriberi. But then it wasn't a doctor who discovered that ! It was Charles Hose of Sarawak—all honour to him. Scurvy has been practically abolished by supplying fresh vegetables, but its etiology is still obscure despite all the researches of that scientific paladin, Sir Almroth Wright, and the practical steps to abolish it that were taken over a hundred years ago were not attributable to the medical department of His Majesty's Navy.

12. I suppose you saw lately in the papers that in 1926 the panel patients had consumed over two million gallons of medieine. What do you think of that ? What do the men who prescribe the stuff think of it ? Are they ashamed ? They know as well as we do that ninety per cent of the nauseous mixtures are futile and inert, when not positively inimical to the unfortunate body which Voltaire was so sententiously witty about

Medicines

two centuries ago. I heard of a lady the other day, living in the West End, suffering from I know not what, whose doctor prescribed six different medicines during the twenty-four hours, to be given at such intervals that not a single hour of the day and night did she escape a dose! Can one have any respect for a once honourable profession thus prostituted?

Oh, my dear chap, it makes me weep to hear you speak of the magnificent achievements of medicine during the last forty years. Next to nothing—Dead Sea fruit—enthusiasms wasted—and hopes unjustifiably raised. The truth is as a profession we are *not* scientific. Our patients think we are, and we like to think we are ourselves. But we do not touch the hem of the skirts of science. I grant there are a few scientific men in the profession, groping, experimenting, weighing, and analysing—although even among those there are many who are misguided and led astray by aberrant enthusiasms. But the unhappy fact remains that the preponderating mass is nothing but a flock of sheep following blindly the hasty pronouncement of some professional big-wig.

We are a Flock of Sheep

I grant you that so-called scientific data have been accumulated and chronicled to an enormous extent. Look at any current medical journal; I quote from one published this week: 'The hepatic internal section—detoxication and hypertension.' It is a book, if you please, and every student is adjured to read it carefully—God help him! I do not know even what it means! Chemical reactions, qualitative analysis: most of it utter drivel, most of it wasted energy. Do you remember some time in the early part of this century how the 'opsonic index' bothered us middle-aged practitioners, and how after a year or two it petered out and was forgotten? What I want to know is what has been done in the last forty years to

help the man in bed ? What has been done to relieve the poor child with measles or mumps or scarlet fever ? Has the profession discovered anything for pneumonia or psoriasis, or has the profession found out anything that matters ? Look at another medical journal. 'A rare disease', 'an unrecorded case'; *that's* where the profession shines!

Even Surgery Not Exempt from Criticism

I could if I would carry the fiery sword into the surgeon's camp. I could laugh at the unnecessary appendix operations, at the short-circuitings, at the wholesale hysterectomies. But I won't. I began by saying that I bowed my head in reverence to the skilful carpentering of the surgeon, and I realize that a few black sheep must not blind one to the marvels of that wonderful branch of medicine. But I shall never forget a patient of my own suffering from vesical carcinoma whom I sent to hospital to be cared for and looked after, but who was operated on a few days later, half her bladder being removed! She died in misery a month later, and I had the meagre satisfaction of writing to the eminent surgeon and telling him that his optimism was as unreasonable as his operation was unjustifiable.

Abrams' Box

I have endeavoured to point out to you that with very few exceptions—so few that they are mouthed by every unthinking ignoramus, because they are the only flags left flying after an inglorious battle lasting half a century—that our progress has been lame, halting, and inefficient. It is as well known to you as it is to me that much of even what progress there has been has been due to outsiders. I don't want to go over it all again. We have had it rubbed into us so often that despite our unwillingness we are all aware of it.

By the way, in my recital of medical stunts I quite

forgot to mention Abrams' Box! It looked as if it might 'catch on', but it just missed. For all I know there may be something in electronic reaction, though I doubt it. It sounded just right for that large section of the public which loves to be spoofed!

Osteopathy Merits Consideration

Although California, where Abrams flourished, failed to 'put over' some new thing in medicine, we have to reckon with much more formidable competition to orthodoxy in osteopathy, also from our friends across the Atlantic. It does not, however, emanate from one centre but from every State in the Union. I remember well when its practitioners began to get a footing in Great Britain. How my lip curled in common with the lips of all Orthodoxy! But the claims of manipulative surgery were forced upon my attention, and almost reluctantly I had to acknowledge that there were troubles which could be remedied by manipulative surgeons when we failed. Since then I have been independent enough to consider the larger field of osteopathy of which the manipulative treatment of joints is only a branch. And I am bound to say that my lips have lost their sneer and I have passed from scepticism to interest, and from interest to a belief in the value of much that I have seen of this work.

When will the members of what I still like to believe is the most catholic of professions give a hearing and fair play to this school of therapeutics which has at least been consistent during the whole of its fifty years' lifetime? I know it has suffered occasionally from the exuberance of its adherents, but it is quite unfair to judge the science from the exaggeration of the few. There are not many qualified osteopaths in Great Britain. There are a great many unqualified impostors. The legitimate exponents are a determined lot, proud of their work and anxious to have their rights recognized

and legalized. It would be all to the good if this comes to pass, for it would put out of business all the unqualified ones at present indistinguishable by the laity. It would protect the public and safeguard the interests of all qualified practitioners—whether osteopaths or exponents of orthodoxy.

Not Disloyalty, but Desire for Reform

I think I have covered pretty well the ground since 1886! Are you not sorry now you made that casual observation which has evoked this outburst? Doubtless you will have your answer. Please do not invoke the aid of empirical drugs to strengthen your argument. I know some are useful, but the majority are not. I may not be doing you justice. You may be so convinced by my panoramic résumé that you will haul down your flag, and mournfully acquiesce in all I say. Perhaps that's more than I can expect. How I would rejoice, however, if I could bring you to see eye to eye with me. We could write a book together—*The Monstrous Myth of Medical Efficiency*, *The Humbug of the Healer* or something arresting like that!

Read this letter to some young medico and see him foam!

However you take my outspokenness, do not accuse me of disloyalty. That will annoy me. I can understand loyalty to parents, or friends, or country, to whom one owes much. But to the profession of medicine I owe nothing. For forty years I have worked hard in its ranks, and it is because I love it that I want to see it purged of its humbug and its preposterous pretensions.

Yours ever,

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CHAPTER II

THE OLD HEALING AND THE NEW

MEDICINE has had a long and instructive history. Its beginnings are associated with religion and philosophy rather than with science and research. Scientific medicine is of comparatively recent origin. Primitive methods of dealing with the ills that flesh is heir to were connected with religious practices or with philosophical speculations, not with the objective study of the body in health and disease. The first healers were priests. They sought their remedies for sickness, wounds, and epidemics in rites and ceremonies for the propitiation of the gods; in sacrifices, incantations, amulets and sacred images, and a general mumbo-jumbo of magic and superstition.

History of the Healing Art. Its Early Beginnings

Historians of medicine usually pay little regard to the magical and ritualistic elements in the art of healing. They dispose of mythological medicine in a few hurried sentences, in order to reach the point where they can write of medicine as a science, selecting Hippocrates, the Greek physician, who flourished in the age of Pericles, as the prototype of the modern healer. But medicine, for centuries before Hippocrates, in the world of antiquity, and in the centuries that followed, right through the Middle Ages and beyond, was handicapped by its association with speculative theories concerning the nature of the universe, the composition of matter, and the origin of man. Its emancipation was not achieved until the foundations of science were laid and the fantastic

ideas of the astrologer and the alchemist gave place to more rational views, based on realistic investigation, experiment, and research.

Until the separation of the natural sciences from philosophy and religion medical research was practically impossible. Religious observances, it is true, yielded, as in the case of the Egyptian embalmer, a certain small measure of anatomical and physiological knowledge. Where dissection of the human body was prohibited by religious considerations anatomical knowledge was obtained, as among the Talmudists, by the dissection of animals. The absence of exact knowledge concerning the structure and functions of the body no doubt contributed to the enormous proliferation of theories regarding the action to be taken by the physician to check and cure disease. At various times, in different countries, every possible or conceivable method of treating bodily ills has been employed, and almost every available substance on earth has been used as medicine or remedy.

In ancient Egypt it was believed that four demons ruled over the body, and to their baleful influence was attributed all bodily ills ; even hunger and thirst were believed to be caused by quasi-poisonous substances introduced into the body. The supreme deity of the Phoenicians, Baal-Zebub, the god of flies—the Beelzebub of the Bible—was a god of medicine, and his advice was sought in the treatment of the sick. Among the Persians amulets and charms were plentifully employed as a means of averting illnesses, and the mass of jewellery worn by nobles and rulers has been explained as signifying something more than a love of ornament. Sparkling stones were worn in great profusion by those who could afford them because it was believed they had a special efficacy in mitigating pain, warding off evil, minimizing wounds, and preventing disease. Jewish medicine contained a decided

magical-religious element, and the remedies included bathing in the sacred rivers and pools, penitential prayers, and the mediations of the priests. The pharmacology of the Chinese comprehended a vast arsenal of horrid remedies, including elephant's bile, dried spiders, and various parts of the entrails and organs of numerous animals and birds, as well as offal, powdered ivory, crabs' claws, and birds' nests. Medical mythology ruled among the Celts and Teutons.

In classical Greece medicine was an hereditary profession, closely allied with the priesthood, and magic and incantations played a prominent part in it. Pythagoras taught that disease was due to demons, and in addition to prayers and sacrifices to the gods he believed in the therapeutic value of music ; his disciples developed a theory of atoms which encouraged some fantastic notions about disease. The school of Hippocrates founded its practice on theories about the cardinal elements and cardinal fluids, but sound common sense, observation, and scientific method afforded a foundation for the teaching of Hippocrates. Among other evidences of his enlightenment may be cited the fact that he practised manipulative surgery, and urged the physician to 'follow Nature' as a servant and not as a master ; he knew the value of fasting as a cure for many ailments, and the application of rules of hygiene almost sound enough to be called scientific. Drugs, however, played a considerable part in his therapeutic system, and his numerous remedies—some two hundred and sixty-five have been enumerated—included vegetable, animal, and mineral substances.

Greek and Roman medicine remained so much under the influence of philosophical and religious speculation that even the teaching of Galen and the eclectic school he founded did not serve to liberate it. Nor was the science and art of healing appreciably advanced by

the monastic physicians who monopolized knowledge in the Dark Ages of Europe. The revolt against authority which inaugurated the modern era in religious and philosophical thought and laid the foundations of science led to a fantastic elaboration of theory by alchemists and astrologers which profoundly affected the practice of medicine. The therapeutics of that age was a gaudy mixture of philosophy, alchemy, and star-gazing. Anatomy and physiology made progress against a powerful tide of error and superstition, and the state of affairs is pretty clearly indicated by the relegation of surgery to a class of inferior practitioners as beneath the dignity of the *literati*. The 'barber-surgeon' and the gentleman of the 'long robe' were not in the same class.

In the seventeenth century practitioners of medicine could still be classified thus:

The Profession in the Seventeenth Century

'(1) *The Medical Profession Proper*: (*a*) Medici in general; commissioned, court, field, hospital, and plague medici; (*b*) surgeons, barbers, regimental surgeons, oculists, herniotomists, lithotomists, bath-keepers; (*c*) superior sworn midwives, nurses; (*d*) apothecaries, druggists, confectioners, and grocers.

(2) '*Sundry Impostors and Pretended Physicians*: Old women, village priests, hermits, quacks, executioners, calf-doctors, Jews, vagrants, musicians, rat-catchers, jugglers, and gipsies.'

This classification, found in an old book of that century, shows the extent to which the healer's art had been developing into a specialized profession on the one hand, and into a popular hotchpotch of quackery and imposture on the other. It is difficult to say which of them made the greater contribution to that extraordinary medley of 'remedies' known as the pharmacopoeia.

An incredible number of strange and horrifying substances constituted the *materia medica* of the seventeenth and eighteenth centuries. Theory and superstition presided over the compilation of the pharmacopoeias which were published from the sixteenth to the nineteenth century, and these elements are not lacking in the official manual which, since 1864, has been issued under the auspices of the General Medical Council with the authority of the Medical Act of 1858. From the earliest days *materia medica* was mixed up with those curious aberrations of the human intelligence which produced potions and spells, witchcraft and other unholy lore. It is only within comparatively recent years that pharmacology has assumed a scientific aspect as the study of the action of chemical substances as remedial agents. Traces of the age of superstition in which medicine was nurtured can be found even in the prescriptions of modern physicians, who (it is recorded) still head them with an astrological sign that originally meant an invocation to Jupiter but now represents the word ' recipe '.

The Early *Materia Medica*

The contents of the national pharmacopoeias testify, even to this day, to the prevalence of error and superstition in the development of the system of drug-therapy. Whilst modern medical science frankly acknowledges that from ninety to ninety-five per cent of drugs are worthless and is beginning to doubt the specific value of the remainder, a host of baneful concoctions are nevertheless retained in the British Pharmacopoeia. Many filthy ' remedies ' involving the use of excrementitious matter were not omitted from the British collection until as late as 1721. Among the ingredients of other ' remedies ' which physicians trained in the system of drug-therapy

Decline of Faith in Drugs

were then expected to prescribe for various ailments were prepared oyster-shells, coral, pearl, crabs' ' eyes ' and burnt hartshorn, the black tips of crabs' claws, the thigh-bone of a hanged man, moss grown on the human skull, the ashes of the head of a coal-black cat, and the like. Modern pharmacopoeias contain on an average about six hundred and fifty drugs and preparations, whilst the French compilation still in use contains double that number.[1]

Enlightenment diminishes more and more the modern physician's tendency to prescribe drugs, and there is a pronounced tendency even among teachers of the orthodox profession to pour contempt upon the idea of medicine as ' something in a bottle '. Thus, a well-known medical writer, Dr. C. W. Saleeby, says :

Until some fifty years ago, no real knowledge of the causes of disease existed, and medicines were thus directed to and valued for the relief of symptoms, which, to this day, are popularly regarded as diseases, though most symptoms are, in fact, vital reactions to disease, and expressions, indeed, of the *vis medicatrix naturae*. Many symptoms of beneficent processes were thus attacked by drugs under a deplorable misunderstanding, and the pharmacopoeia was immense. Whilst fundamental subjects, such as psychology, are still absent from the medical curriculum, at least in Great Britain, the student continues to be required to memorize the facts, and fictions, of hundreds of drugs which have no place in modern medicine and, in many instances, have been demonstrated by pharmacology to be inert—sarsaparilla, for instance, once trusted against syphilis—or wholly deleterious in any circumstances.[2]

[1] According to Dr. Graham Little, M.P., over £2,000,000 worth of drugs—mostly worthless—are consumed every year by panel patients in this country. *Medical Press and Circular*, Cf. September 26, 1928.

[2] *Sunlight and Health*, by C. W. Saleeby, M.D., Ch.B., F.Z.S., F.R.S.E., p. 29.

Dr. Saleeby, it is true, goes on to say that in the immense and egregious medley which the orthodox medical profession has inherited from the ages of darkness and scientific ignorance, 'there was a tiny handful of drugs of which the last word has yet to be said—tartar emetic, for instance, which is a salt of antimony, and quinine and ipecacuanha, discovered by the natives of South America, at dates unknown, to be valuable against malaria and dysentery respectively, and introduced into Europe in the seventeenth century.' Without emphasizing here the qualified and doubtful endorsement given by Dr. Saleeby to the few drugs he names, the quotation given is sufficient to show that this medical writer is no adherent of what he himself calls 'the knife and bottle cult' which governs the practice of orthodox medicine and surgery. He is not, at the moment, willing to abandon carbolic acid, chloroform, thyroid substance, salvarsan, diphtheria antitoxin, 'Bayer 205', and insulin; but his testimony is on the whole against the view that drugs are necessary, and in favour of the view that the body itself is the laboratory in which Nature prepares her remedies for disease.

The Last Stand of Orthodoxy

Practically the only ground of difference now remaining between the instructed medical men like Dr. Saleeby who still cling pathetically to their last shreds of belief in the efficacy of drugs, and those of us who accept and practise the fundamental principles of osteopathy as a system of drugless medicine and bloodless surgery, is the doubt whether a certain very limited number of powerful drugs have a place in the art and science of healing by reason of their specific action in increasing the powers of resistance and the conditions of immunity in the human

The Advent of Osteopathy and Its Theory of Disease

body. Modern scientific research and the most advanced medical practice of the orthodox school, based on the principles of immunology, can be interpreted—and are interpreted by osteopaths—as throwing considerable doubt upon the 'specificity' of these specifics. And certainly, among physicians of the orthodox school who keep abreast of scientific knowledge, there is a decided tendency to rely more and more upon the body's own powers of resistance and recovery rather than upon drug medication in repelling the onset of disease. On the other hand, the osteopath recognizes the uses of certain of the narcotics, emergency stimulants, and antidotes to chemical poisons; and, of course, makes use of local and general anaesthetics when the nature of the operation requires it.

The Essential Conflict of the Two Systems

With the issues here raised I propose to deal in greater detail in subsequent chapters. My purpose is to show that the conflict between the two schools of medical thought, of which the public has begun to suspect the existence, is a fact beyond denial, and that the tide of battle between the two schools is going against the orthodox, established school which practises the traditional system of drug-therapy. By its insistence upon the principle that the body contains within itself all the forces necessary for the maintenance of health and the cure of disease, osteopathy is clearly differentiated from ordinary medicine. This essential principle of osteopathy, and the refusal of its practitioners to admit the curative action of most drugs, is not compromised by the doubt whether there are a very limited number of drugs and sera which have been empirically proved to be beneficial in certain contingencies. The broad and decisive opposition between the two schools lies in the different views they hold concerning the causation and development of disease

and in the radically different technique they employ in its treatment and cure. The essential cause of the antagonism between osteopathy and orthodox medicine lies here. The adherents of the two schools approach the problem of disease from opposite angles. To the osteopath the important thing is to ascertain the *cause* of the trouble he is called upon to treat, and he eschews the use of drugs as far as possible on the ground that the action of most drugs (as Dr. Saleeby points out) affects symptoms and not causes. Orthodox medicine, on the other hand, attaches the utmost importance to the therapeutic action of drugs, and in practice ignores the contention of the osteopath that the predisposing cause of all disease is an impairment of the structural integrity of the body.

The Practical Consequences to the Public

There are definite practical consequences, affecting the interests of the general public as well as those of the healers, involved in this conflict of principle. It raises also issues of public policy. In the course of these pages I shall try to show what these consequences are, and to state as clearly as possible why in my view it is necessary to bring about a change in the law governing the practice of the art and science of healing.

The New versus the Old

The conflict is between the New Healing and the Old; but the Old is entrenched as a vested interest behind Acts of Parliament which no longer protect the public or the medical profession, and which constitute a grave injustice to the representatives of the New Healing. My plea is for equality of opportunity. Until those Acts are amended and freedom is given to us to develop the principles and technique of the New Healing, the public will remain victims to the ignorant errors and superstitions of the established school.

In describing the development of orthodox medicine my emphasis upon the magical and ritualistic elements in the system has not been inspired by a wish to ridicule, but to remind the orthodox medical practitioner of the pit whence he was digged, and to suggest that medical science has evolved, and is still evolving, whilst the practice of medicine in the orthodox school is making much slower progress and has not rid itself of the childish dependence upon theories and beliefs concerning the causes and remedies of disease which are no longer scientifically tenable. I should be the last to say that no progress has been made in raising the status of the medical practitioner and in providing an adequate education in the fundamental sciences. But for several hundred years eclectic medicine, professedly ready to take account of all extensions of scientific knowledge and to incorporate in its practice the fruits of research, has been almost at a standstill so far as the sick man is concerned. Apart from the advances made in surgery—and they are truly marvellous in respect of the repairs that are now made to the human tenement shattered by high explosives or mangled and battered by accidents in war and peace—little has been done in medical practice to assimilate the far-reaching results of scientific research.

Marked Hostility of Orthodox Practitioners

There has been not merely a studied neglect but an active and virulent opposition on the part of the representatives of orthodox medicine to such a development of principle and technique as osteopathy represents. It is my purpose to show that thereby the world of suffering humanity sustains a grievous loss and the progress of knowledge is obstructed. The trend of knowledge and experience is definitely away from traditional ideas which sanction belief in the curative value of drugs, and the popularity of new health cults that apply

nature-cure in different forms attests a growing recognition of the validity of the principles upon which osteopathy is founded.

Empiricism *versus* Definite Theory

Osteopathy supplies the ground-work of theory and the standardized technique which these empirical and eclectic cults lack. It is in line with the theory of the immunologists, and its principles are thoroughly consistent with the remarkable developments of surgical methods as illustrated by Sir Almroth Wright's treatment of open infected wounds during the War. It is not in opposition to the theories of the bacteriologists, though it interprets those theories differently. It is based, as all healing must be, on a study of basic sciences—anatomy and physiology in particular—and on an objective study of the human body in health and disease. The difference between it and orthodox medicine is not merely one of treatment: it is a difference of principle as well as of method, and the nature of that difference I will now endeavour to make clear.

CHAPTER III

OSTEOPATHY AND ITS FOUNDER

OSTEOPATHY may be defined briefly as the theory of adjustment; or, for the purpose of differentiation from orthodox drug-therapeutics as a system of bloodless surgery and drugless medicine,

The Tenets of Orthodox Medicine

To understand the fundamental differences of principle and technique which distinguish osteopathy from all other forms of healing it is necessary to realize that the ordinary physician or surgeon relies in his treatment of disease upon putting something into the body or cutting something out of it; that is to say, he depends upon the curative action of drugs or upon the drastic use of the surgical knife. Disease, according to the orthodox view of its causation, arises from an invasion of the body by inimical forces, poisons or bacteria, whose ravages must be checked by the introduction of chemical substances called 'medicines', or, in a last resort, by cutting away of organ or tissues in which disease has found harbourage.

Every form of bodily ailment, from malignant growths to skin eruptions, from chills to fevers, malformations, functional disorders, mental troubles, and disorders of the nervous system, in the view of the ordinary medical man, must be treated with medicine or dealt with as a matter of surgical operation; supplemented in the case of the more enlightened practitioners by the observance of more or less intelligent rules regarding diet, exercise, and personal hygiene. Frequently the entire profession becomes obsessed with a particular dogma concerning the conditions necessary

to bodily health, and certain forms of treatment prescribed under the influence of such dogma become tremendously fashionable; these include removal of the appendix, gall-bladder, tonsils, teeth; also the craze for vaccines or antitoxins as a method of providing, by extraneous injection, immunity from a variety of infections, including hydrophobia, diphtheria, influenza and general paralysis of the insane.

Later on I shall have something to say about the rise and progress of the great medical superstition of bacteriology. Here I am for the moment only concerned to emphasize the fact that ordinary medical practice rests upon the belief that by putting into the blood and tissues of the body substances called medicine, or by cutting out of the body all the tissues which are regarded as the seat of disease, health can be restored and the patient cured.

Where Osteopathy Differs

With this belief the osteopath joins issue. Osteopathy is based on a radically different theory as to the causation of disease, and therefore has developed a radically different technique of treatment involving no recourse to drugs or surgical instruments excepting when disease has been allowed to make such inroads as to lower to danger point the patient's powers of resistance and recovery, or to threaten vital organic processes.

Dr. A. T. Still, its Founder

The difference between osteopathy and ordinary medicine is much more than a difference of treatment: there is a difference in fundamental theory which can best be made clear to the lay reader by describing how the founder of osteopathy, Dr. Andrew T. Still, formulated and applied the principles with which his name must always be associated.

To English readers the revolutionary work of

Dr. Still in the field of medical theory and practice is probably not too well known. He was born in the United States, of American parents, a hundred years ago, in August 1828, and during the early part of his professional life he practised orthodox medicine, as his father, Dr. Abram Still, did before him. He was brought up on a farm in Eastern Tennessee. His father was not only a doctor, but a minister, farmer, and practical millwright, for his farm was a pioneer enterprise on the edge of civilization. In later years Dr. Still claimed that his frontier experience was valuable to him in many ways. It helped him in his scientific researches. Before he had ever studied anatomy from books he had almost perfected his knowledge of the subject in practical study of animal anatomy. The skull of a horse was used at his first school as a seat for the indolent scholar, and in his autobiography he whimsically suggests that this circumstance must be typical of the good horse sense that led him to go to the fountain head of knowledge, and there learn the lesson that drugs are dangerous to the body. He married at the age of twenty, and a few years later removed with his family to a farm of eighty acres in Missouri, and afterwards went to Kansas, near territory then occupied by a tribe of Shawnee Indians. With his father he farmed here, and at the same time practised medicine among the Indians, and accumulated considerable landed property, some hundred acres of which he later gave as a free gift for the erection of what is now known as Baker University in the State of Kansas.

In the Civil War, Dr. Still served as a surgeon in the Union Army, having already had some experience of military life as a scout surgeon, serving in the border warfare on the frontiers of the State.

During his military service he began to lose faith in orthodox medical practice. As long ago as 1858 he

confided to a military friend his belief that the system of drug-therapeutics would one day be overturned and some other method or system of curing the sick without drugs would take its place. A few years later, when three members of his own family—two of his own children and an adopted child—died from spinal meningitis, his faith in orthodox medicine, which he had long practised, was totally destroyed. He explained in after years that the principles of osteopathy germinated in his mind through his study of anatomy, in the furtherance of which he availed himself of the large facilities for obtaining bodies at the Indian Settlement, exhuming and dissecting many hundreds of bodies, until he had become quite familiar with the bony structure of the body.

His Early Doubts

Studies of this kind, and much brooding upon the problems which his studies revealed to him, led him to formulate in the early 'sixties a theory that the human body is a perfect machine and that all the remedies necessary to health exist within it. He stated his principles in an epigrammatic form by declaring that a disturbed artery marked the beginning to an hour and a minute when disease starts to sow its seeds of destruction in the human body; that in no case could disease originate without a broken or suspended current of arterial blood, which was intended by Nature to supply and nourish all nerves, ligaments, muscles, skin, bone, and arteries. He declared that there was no exception to this law; the rule of the artery is supreme and the flow of arterial blood must be unobstructed or disease necessarily results. His subsequent studies simply tended to confirm his first conclusion. Holding that some abnormality of structure or maladjustment of the body framework was the predisposing cause of all disease, he began that development

of the osteopathic technique which has become a standardized system of mechano-therapeutics, and discarded the use of drugs altogether in his daily practice.

It is related that whilst he was still groping towards the fundamental principles of his system he travelled some miles to tend a woman who had pneumonia, and forgot to take his medicine case with him. He resorted to manipulation, and was not excessively surprised to find the case cured more promptly by his method than was usual with cases which he treated in the ordinary way. In those early years the new treatment he adopted was not, of course, understood by his patients, and he was thought to be a faith healer; another name applied to him was 'The Lightning Bone-setter'.

Settlement in Kirksville

By this time he had removed from Kansas to Kirksville, Missouri, where he established years later the first school of osteopathy. But for some time, whilst making his home at Kirksville, he travelled extensively as an itinerant healer, demonstrating the new methods and principles which were taking theoretical shape in his mind. He felt it to be necessary to move about from place to place and to make contact with a large number of people in order to get sufficient material for the development of his theory. It was his practice to lecture wherever he could find an audience, explaining his views regarding the causation and treatment of disease, and to illustrate the points he made he treated members of the audience who were willing to submit themselves to his ministrations. It was his aim in all these cases, to seek the cause of the ailment brought to his notice in some impairment of the structural integrity of the body, and to deal with it by direct manipulation.

Not much scientific research, it may be said, could be undertaken by an itinerant healer under such

conditions. Dr. Still had none of the advantages afforded by the elaborate apparatus of research in the modern laboratory, but certainly he did not lack clinical material, and his practice was based upon as extensive and detailed a study of anatomy as any scientist with a much better equipment could acquire in up-to-date institutions. He framed his theories in the direct handling of the human body, acquiring in this way, as every osteopath must, the indispensable delicacy and sureness of touch which is the supreme qualification. Critics of osteopathy, like Dr. Graham Little, M.P., have gibed at Dr. Still for choosing to establish a school of osteopathy in a small town like Kirksville, alleging that an institution thus placed could give its students very limited opportunities for clinical experience. But Dr. Still travelled far and wide for the clinical material out of which he moulded his theory and practice, and when osteopathy was in the making its founder certainly did not lack opportunity to apply his technique to every variety of disorder.

Founding the First School

The first American school of osteopathy was established at Kirksville in 1892. Teaching was not Dr. Still's business, but his own success and the interest taken in his theories by patients whom he had treated made Kirksville a sort of Mecca to which many pilgrims made their way to urge Dr. Still to teach them what he had himself learned. His first students were his own four sons, and to give them a thorough training in anatomy and physiology he arranged with Dr. William Smith, an M.D. of Edinburgh, to undertake their tuition, leaving Dr. Still himself to teach them the osteopathic principles and technique. When this class had been started other students sought admission, and in 1892 Dr. Still took out a charter for the school under the State law governing scientific institutions. That was

the beginning. Two years later a new charter was taken up under the law regulating educational institutions.

The First Charter

The purposes and powers of the school under this new charter are sufficiently indicated in Article 3 thereof: 'The object of this Corporation is to establish a College of Osteopathy the design of which is to improve our present system of surgery concerning the treatment of disease generally, and place the same on a more rational and scientific basis and to impart information to the Medical Profession and to grant and confer such honours and degrees as are usually granted and conferred by Reputable Medical Colleges; to issue diplomas in testimony of the same to all students graduating from said schools under the seal of the Corporation with the signature of each member of the faculty and the President of the College.'

How the School Grew

The school was small—a tiny frame structure—in which it was difficult to make room for the score of students who enrolled in its first year. The course of study was naturally less complete than it is to-day. Anatomy, which was then and always has been the foundation of the osteopathic system, was studied with comparative thoroughness, but the important part of the curriculum was the personal and clinical instruction of Dr. Still himself, aided in the course of a few years by the staff of infirmary physicians whom he had brought together to assist in his growing infirmary practice. Dr. Still's practice had developed to such magnitude that Kirksville became a centre to which patients resorted, and the school itself, in consequence, became almost coextensive with the practice, for Dr. Still gave his personal supervision to every case, and his students had ample opportunity of studying his methods and

learning his principles in relation to actual treatment of patients.

By this time Dr. Still had clearly formulated the fundamental principles of the new system. From his study of anatomy he had become convinced that the vertebral column was the keystone of the body and that the most frequent, and consequently the most important, lesions or structural derangements, which by pressure or irritation produce or maintain functional perversions, were of spinal origin. He laid it down as a cardinal doctrine that any derangement of the mechanical structure, the vital mechanism of the human body, produces functional disorders, and that complete realignment and adjustment of such derangement must be made in order to restore normality of function; maintaining, too, as an article of faith, that no pharmaceutical, chemical, electrical, or other artificial stimulation is necessary in the treatment of disease. One of his earliest discoveries was that maladjustment or disturbance of the spinal column was the principal causative factor in disease by producing disorders of the muscular and nervous system, weakening the processes by which the tissues of the body are nourished, and lowering the body's powers of resistance.

The Spinal Column—Its Importance

All parts of the body tissue are subject to lesions, but a frequent, obvious, and easily distinguishable lesion is that of the sacro-iliac articulation, producing functional perversions of a serious kind. The spinal column, as almost every schoolboy knows, consists in adults of twenty-six bones. The vertebral bones are arranged in groups, named according to their position, and the sacro-iliac joints are in the pelvic region. Before Dr. Still proved the contrary, the sacro-iliac articulation was regarded by anatomists as an immovable

joint. Dr. Still proved otherwise by showing it to be a movable joint, and by correcting its derangement he dealt with the physiological disturbances to which it had given rise.

This is but one of a wide range of spinal lesions which osteopathy has identified and learned to handle, and thus it may be said that one of the central principles of osteopathy is the spinal lesion, the main causative factor in disease.

Theory of Immunity

Closely allied with the theory of the mechanical or structural lesions is the other great fundamental principle of Dr. Still's teaching—his formulation of the theory of immunity embodied in his epigrammatic declaration that the artery is the river of life and that a disturbed artery marks the exact point in time when disease begins to sow its seeds of destruction in the human body. This idea he later elaborated in the declaration that the brain of man was God's drug-store, and that the body itself is a laboratory in which Nature produces the medicines by which the body can cure itself. All that the healer has to do is to learn how and where to apply the touch that will liberate the healing forces.

Confirmation by Modern Scientists

In a later chapter I will endeavour to show how the theory and practice of the immunologists confirm and vindicate the principles enunciated by Dr. Still half a century ago. He was a pioneer in the same sense as Galen or Hippocrates; and in nothing was his prevision and his firm grasp upon scientific facts more clearly demonstrated than in his anticipation of the modern theory of immunology. The principles which Sir Almroth Wright applied during the War in his new treatment of open infected wounds were identical with those

which Dr. Still formulated in laying down the doctrine that the body itself contained all the forces necessary for the maintenance of health and the cure of disease, and that the art of the physician consisted in knowing how to liberate these healing forces in order to repel the onset of disease and to restore the body to health. Present-day theories concerning the activities of bacteria and pathogenic germs as modified by the doctrine of immunity are merely a formulation, on the basis of laboratory experiment and scientific research, of the ideas which Dr. Still, by his own inspired insight and exhaustive knowledge of the human body, was able so clearly to anticipate fifty years ago. He followed Nature as Hippocrates counselled the physician to do, with the difference that Dr. Still, in his treatment of bodily ailments, depended entirely upon the body's resistive and recuperative powers and disdained the use of the numerous remedies, vegetable, animal, and mineral, which Hippocrates and his successors employed.

Osteopathy Founded on Two Cardinal Principles

Osteopathy rests upon the two fundamental principles which Dr. Still in the course of his own practice discovered and applied, namely, the osteopathic spinal lesion and the theory of immunity. These are the distinguishing principles of the system of drugless medicine and bloodless surgery which has developed under that name. In legal enactments establishing osteopathy on the same footing as orthodox medicine in the United States osteopathy is the name applied to that system of healing with which the name of Dr. Still is associated—the system which 'places the chief emphasis on the structural integrity of the body mechanism as being the most important single factor to maintain the well-being of the organism in health and disease.'

What's in a Name?

The word 'osteopathy' has been criticized as inapt to describe the fundamental principles of the new healing. Its derivation suggests that the system is no more than some form of bone treatment; but in the mind of its founder and in the development of his ideas the word acquired a much wider significance, and it is at least as appropriate as the term 'allopathy' or 'homœopathy' as a definition of principles and methods of healing. Osteopathy, as a convenient term for asserting the principle that no human body is normal in structure, adjustment, and alignment whilst harbouring any disease, is as fully descriptive of the system as the word allopathy, used as a definition or title for orthodox therapeutics. It is not less appropriate than the word homœopathy applied to the distinctive system originated by Hahnemann. But, in any case, as Dr. Still himself remarked, the system is called osteopathy because he wanted to call it osteopathy, and did not care what Greek scholars said about it.

Those who criticize the name also criticize the man and affect to despise his scholarship and his experience. Voices can be heard to-day echoing those mocking voices which asked two thousand years ago whether any good could come out of Nazareth, denying the scientific validity of osteopathic principles because the founder of osteopathy worked out his theory whilst practising medicine in Tennessee and Kansas, and established his school for the teaching of his system in a small-town community of a few thousand people at Kirksville. The gibe comes with ill grace from those who, knowing something of the history of therapeutics, should realize the immense debt that orthodox medical science owes for contributions made to its pharmacopoeia from sources which the ordinary practitioner might be disposed to regard as beneath contempt:

digitalis, from an old herb-woman in England, quinine from natives in South America, or the new drug ephedrine, obtained from a plant in China, where it has been in use for thousands of years. These are instances at random of the way in which orthodox medicine has been enlarged by anonymous and obscure discoverers, and it is not a matter for scorn, but rather for gratitude, that a strong, sincere, intelligent, and ardently inquiring spirit like that of Dr. Still should have refused to be discouraged by the conditions under which he worked.

The Attitude of Orthodoxy

The attitude of the official representatives of orthodox medicine, admittedly an eclectic system, ready to take account of all extensions of scientific knowledge and to use the fruits of research, ought not to be an attitude of unteachable superiority and supercilious indifference. For several hundred years orthodox medicine, so far as the general practitioner is concerned, has been practically at a standstill. There has been a vast amount of investigation by able and learned men and many interesting and far-reaching theories have been evolved, but what has been the result for the sick man ? How have these discoveries and researches influenced the work of the ordinary practitioner ? Let the curriculum of the orthodox medical school in which the student is still painfully educated in the properties of hundreds of drugs, nine-tenths of which no intelligent physician would venture nowadays to prescribe for any ailment whatever, provide an answer.

An alert and intellectual profession honestly concerned for suffering humanity should at least desire to ascertain whether the principles and practice of osteopathy have a foundation in scientific fact, and should examine its theories in the light of the most advanced researches in medical subjects. But that

enlightened and receptive attitude has not distinguished the official spokesmen of orthodox medicine in Britain. It is not the attitude taken by Dr. Morris Fishbein, the editor of the *Journal of the American Medical Association*, who has devoted much time and some small wit to pouring ridicule upon the personal eccentricities in dress and speech of osteopathy's founder, in his book entitled *Medical Follies.* It is not the attitude taken by Dr. Graham Little, M.P., the spokesman of the General Medical Council in this country.

Refusal to Examine Claims

When I come to deal later on in these pages with the controversy arising from my campaign for the legal recognition and regulation of osteopathy on a footing of equality with orthodox medicine, the significance of this hostility and obscurantism will perhaps become apparent.

Before that stage is reached it is necessary to make clear the claims of osteopathy to be not merely an appanage of ordinary medicine, but a separate system of therapy based on different principles and practising a different technique from those of the dominant school. It will be my aim in a later chapter to show that the fundamental principles of osteopathy as formulated by Dr. Still apply to all forms of disease, by referring them all to that cardinal law that the rule of the artery is supreme, unalterable, and universal. On the basis of this theory osteopathy has established its right to exist.

Osteopathy Definitely a Separate System

CHAPTER IV

OSTEOPATHY AS AN ORGANIZED PROFESSION

OSTEOPATHY has become within half a century an independent and fully organized profession. In the United States of America it maintains its own hospitals, its own clinics, its own teaching institutions, and its own technical and popular Press.

Distribution and Status

There are at least ten thousand fully qualified practitioners of osteopathy in the United States and abroad. The profession has spread to countries across the Pacific, as well as the Atlantic, and its representatives, in fact, are to be found to-day in practically every country in the civilized world. It has obtained in the United States a position of complete legal equality with orthodox medicine. It could not have achieved this position unless its standards of education and professional competence were at least as high as those of the ordinary medical schools. The suggestion that the osteopathic practitioner is not qualified by his education and professional training to diagnose and treat disease will not bear a moment's examination. The parent school of osteopathy, established by Dr. Andrew Still at Kirksville, Missouri, in 1892, and the half-dozen or more osteopathic colleges since established in the United States, bear comparison with the average medical school. As I shall presently show, their educational requirements and their standards of training are not merely equal to, but are in some respects even superior to, the average Class 'A' medical school; they require at least as high a standard

of general education in the students who enter them, and an even greater number of hours must be given to the study of the subjects taught in the osteopathic colleges than is the case in the ordinary medical schools.

Laying the Foundations

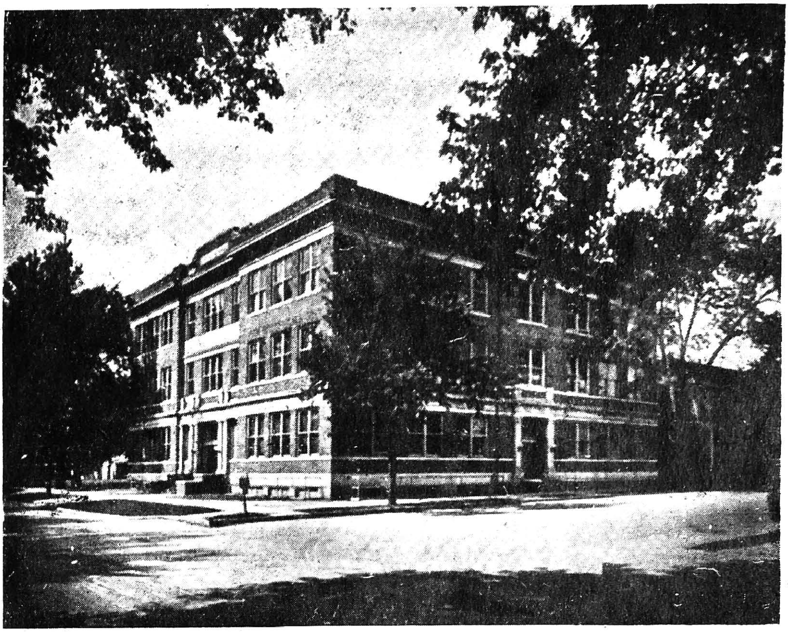
The founder of osteopathy did not regard himself as the inventor and patentee of some secret process, nor did he consider that he alone was qualified to practise the principles he had formulated. His first pupils, it is true, were his own sons, and he taught them because he required their assistance in his growing practice. But his own success as a practitioner, and the urgency with which those who had witnessed the results of his treatment sought instruction from him, decided him to start a school. So with an orthodox physician and surgeon of Edinburgh as his assistant, to teach anatomy and physiology, Dr. Still devoted himself to the principles of osteopathy.

The school started in a tentative and experimental way in 1892 with a small class of students, and the course of study was originally planned to cover two years—two terms of five months each to be spent upon anatomy and physiology, the remainder of the time being devoted to practical work in the application of the principles of osteopathy. This institution, it must be remembered, was a pioneer establishment in every sense of the word. Still was not primarily a teacher, but a working practitioner. His first thoughts were for the patients who came to him and were treated in the infirmary he had established at Kirksville, to which the school in the very earliest stage might almost be said to have been an adjunct. Until the school was properly organized Still's pupils were required to attend lectures as early as seven o'clock in the morning, and for the rest of the day they were expected to act as his assistants in dealing with the

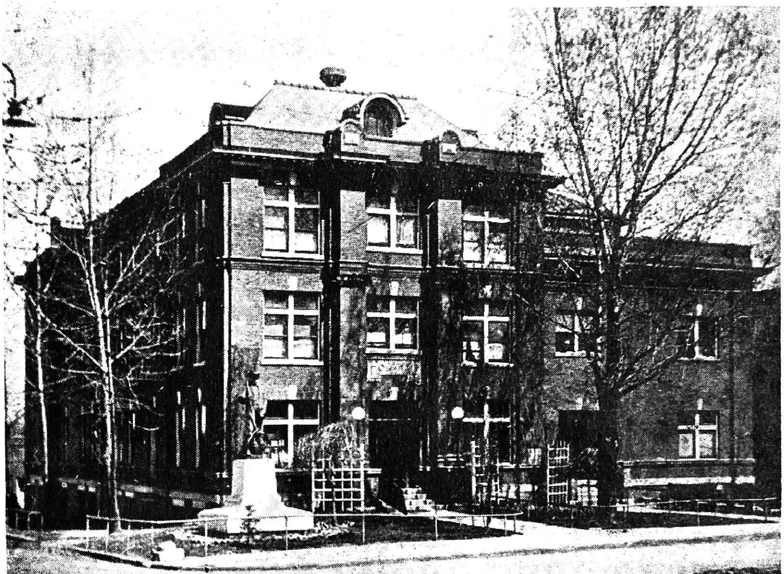
cases that came to him for treatment. Within two years, however, the institute that had started as a little private class of twenty-six or twenty-eight students, in a small building which also served the purposes of an infirmary, had become a properly organized college with a comprehensive curriculum involving a course of study extending over two years divided into four terms of five months each. The subjects taken comprised practically every aspect of medical education with the exception of *materia medica*.

Year by year the school at Kirksville has expanded and its organization has become more efficient and up to date. From it a large number of graduates have entered the profession ; it is probably no exaggeration to say that more than one-third of the qualified osteopaths now in practice in various parts of the world have graduated from Kirksville. It is significant, also, that Kirksville is now providing education and training for the sons and daughters of graduates.

Following the establishment of Dr. Still's own school at Kirksville colleges multiplied very rapidly in other of the American States, each of which makes its own State laws for the regulation of the healing art. Legal recognition of osteopathy as a distinct and independent branch of the healing profession of course contributed to its development. The story of osteopathy's fight for legal recognition belongs properly to another chapter. Here it is enough to say that before State law gave osteopathy an independent status in the face of bitter opposition from orthodox medical practitioners, its will and ability to maintain a high standard of education and professional competence had been demonstrated at Kirksville and other schools. These schools then benefited in their turn from the legislation which guaranteed the status, security, and continuity of the osteopathic profession. Much prejudice had to



THE ADMINISTRATION OFFICES



THE CLINIC HOSPITAL

KIRKSVILLE: PARENT COLLEGE OF OSTEOPATHY

be overcome. Notwithstanding the existence of the osteopathic colleges, practitioners of the new system were vilified and misrepresented, by the representatives of orthodox medicine, as ignorant and incompetent persons who were imposing upon the credulity of the public, as mere quacks and charlatans who had not been trained for the practice of the healing art and were not qualified by knowledge or experience to diagnose and treat disease. Even to-day the spokesmen of orthodox medicine in Great Britain endeavour to persuade the public to believe that the osteopath, even though he be a graduate of the best of the osteopathic colleges, is in comparison with the ordinary medical practitioner an untaught amateur, if not, indeed, an impostor.

The Standards of To-day

A comparison of the educational standards maintained by the osteopathic colleges with those of the recognized medical schools will be sufficient to prove this prejudice to be unfounded. Neither in respect of the hours of study, nor in regard to the subjects that are taught are the osteopathic colleges inferior to the orthodox medical schools. Medical education is indeed carefully supervised and safeguarded by competent authorities in practically all civilized countries. Those who boast, with justice, of the excellent system of medical education maintained, for example, in Great Britain ought for that very reason to give the osteopathic profession credit for what it has done in the course of a single generation to establish an equally high level of professional training in its own institutions. They should remember, if they forget everything else, the long history of their own profession, with its extraordinary examples of ignorance, credulity, and superstition, before they assail a rival school of healing with a much shorter history and a much more respectable record. They

ought also to remember that little more than two generations have passed since medical education was placed upon the high level that it now occupies under the Medical Acts of 1858 and 1886, the specific objects of which were 'to enable persons requiring medical aid to distinguish qualified from unqualified practitioners'; and under which the General Medical Council was established to supervise medical education and arrange for the registration of duly qualified practitioners.

Study in the British medical schools is spread over four years, and a fifth year is devoted to clinical work at one of the public hospitals or dispensaries; in other words, the prescribed course of medical education under the authority of the General Medical Council includes a preliminary year's study of physics, chemistry, and biology, and a final year's study—the fifth year of the course—as what may be described as a student-practitioner, doing clinical work at a hospital or dispensary; with an alternative choice of serving six months of this year as pupil to a practitioner who possesses the means of imparting practical knowledge under such conditions as will satisfy the authorities in control of medical education. Intensive study of medical subjects, strictly so-called, apart from the study of the fundamental sciences, is thus confined to three years; though the actual time taken in acquiring a licence to practise in Great Britain, including the years devoted to other than purely professional study, may even extend to six years.

Recent changes in the requirements of the General Medical Council have modified in some particulars the course of education I have described. These modifications are in the direction of greater efficiency. But, broadly speaking, what I have stated is a fair description of medical education as prescribed and maintained by the General Medical Council. It is on

the basis of knowledge thus obtained that the ordinary medical student is considered to be competent to diagnose and treat disease; when he has satisfied these conditions he is granted a licence to practise.

Osteopathy as a fully organized profession has placed its educational requirements on at least as high a level as that ruling in orthodox medicine. The possessor of the degree of Doctor of Osteopathy is as fully qualified by virtue of the training he receives to diagnose and treat disease as the orthodox practitioner who has been through the course of study outlined above. In the recognized colleges of osteopathy the curriculum embraces all the subjects taught in orthodox medical schools with the exception of *materia medica.* Entrants must have reached the same standard of general education as the ordinary medical schools require. The standard is a four-year high-school course or its equivalent. In all the osteopathic colleges I am acquainted with in the United States the prescribed courses of study are at least equal to, and in some respects are more exacting than, the average minimum requirements of first-class medical schools of America. In the latter the recognized course is four years' study, with a minimum of thirty weeks in each year, and not less than thirty hours' work in each week. In most of the colleges of osteopathy, such as Kirksville, the course covers four years of nine months in each year, with a minimum of thirty-five hours a week in the first year, from thirty-three to forty hours a week in the second year, and from thirty-five to forty-four hours a week in the third and fourth years. All the subjects taught in the medical schools are likewise recognized in the osteopathic institutions. These studies are carried further by practical clinical work, in which the students become familiar with the symptom-complex, diagnosis, and treatment of every disease. A thorough course is given in the subject of

physical diagnosis, and the diagnostic instruments used by the dominant school of therapy are the commonplaces of osteopathic training. The diagnostic methods of the osteopaths have only one aim—to find out the cause of the trouble.

Osteopathic Training Entirely Adequate

Comparison of standards of training is not a final test of the claims of osteopathy to be regarded as a fully organized and independent school of healing, entitled to be recognized on the same footing as the orthodox medical school. It is useful as showing that osteopathy does in fact maintain adequate modern standards of training. As I have already pointed out, in the seven osteopathic colleges in the United States recognized by the American Osteopathic Association, the standard college course is spread over four years of nine months each. Entrants must have had at least a high (or secondary) school education, and in some States they are required to give not less than one year's study to university pre-medical subjects, physics, chemistry, biology, etc., before beginning the four years' qualifying course of study for the osteopathic degree. In some of the States extra preparation, varying from one to two years, must be taken. But at Kirksville, the parent osteopathic college, a combined degree of B.Sc. and D.O. is given after four years' study, provided that the candidate has had at least two years' university study of biology, chemistry, physics, and related subjects before beginning the study of osteopathy.

The following is a comparison of the osteopathic and medical standards in the United States:

TOTAL HOURS OF STUDY

Osteopathy . . .	4,410
Medical . . .	4,367

The comparison here is between the osteopathic colleges and the average of eight first-class medical schools in America. In detail the following are the hours of osteopathic and medical study respectively in the Kirksville Osteopathic College course as compared with the average of these Class 'A' medical colleges:

Hours Spent in Study—Comparison

	MEDICAL hours	OSTEOPATHIC hours
Anatomy	542	594
Histology and Embryology	243	270
Bacteriology and Hygiene	228	252
Dietetics	16	54
Chemistry and Toxicology	475	450
Biology	144	90
Diagnosis (Physical, Clinical, Differential, X-Ray and Laboratory)	160	216
Gynaecology	112	162
Obstetrics	186	126
Practice (for the Osteopath this means Osteopathic Principles and Technique; for the Medical Student it means Pharmacology and *Materia Medica*)	1,021	1,062
Pathology	338	216
Surgery	527	504
Physiology	284	216
Ear, Eyes, Nose, and Throat	91	198
Total Hours	4,367	4,410

This is a purely quantitative comparison, but it

disposes altogether of the allegation that the osteopathic profession does not maintain standards of education and professional competence equal to those laid down by the orthodox profession.

The Training Continuously Improving

Proper education for the osteopath has been for long the preoccupation of the American Osteopathic Association, the national organization which represents the profession in the United States. This body, which was formed in 1897, exists to further professional interests, to secure legislation for the protection of osteopathy, and to maintain the highest possible levels of education and training. Two years after it came into existence the American Osteopathic Association at its annual meeting passed a resolution emphatically asserting its determination to raise the standard of education for osteopaths as the developments of the practice may require, 'until it shall include every department of therapeutic equipment with the exception of *materia medica.*'

A Rigid Standard Imposed

At a later conference the Association placed on record its view that osteopathy should be taught only in the regular and legitimate schools of osteopathy, and decided to withdraw all the rights and privileges it had power to confer from any member of the profession who undertook to give instruction in osteopathy in violation of the standard set by the Association itself. The Association has also declared that any practitioner who advertises anyone as assistant in his practice who has not graduated from a reputable school of osteopathy is not working in the best interests of the profession, and members who violate this rule are to be deemed unworthy of membership in the Association.

As a further safeguard the American Osteopathic

Association has maintained close relations with the Associated Colleges of Osteopathy. The latter organization was formed in 1898. Its object was to unite the various colleges of osteopathy for, among other things, the furtherance of higher standards of education in the profession. In its constitution it is laid down that any college of osteopathy before being admitted to membership in the Association shall conform to the following requirements:

Union of the Various Colleges

1. It shall be regularly organized and legally incorporated.
2. It shall include permanently as active members of its faculties at least two persons [1] who are graduates of some reputable School of Osteopathy.
3. It shall teach Osteopathy pure and unmixed with any other system of healing in the sense of modifying the science of Osteopathy. . . .

By these and other methods and measures the Associated Colleges of Osteopathy have endeavoured to suppress those institutions which were little better than diploma mills. It was decided that the Executive Committee of the Association, together with the Educational Committee of the American Osteopathic Association, should constitute a joint committee to provide for the investigation of schools applying for membership, and make an annual investigation of schools already members of the Associated Colleges of Osteopathy and report thereon to the Association. It was also decided that the Board of Trustees of the American Osteopathic Association and a duly organized representative of the colleges should decide upon the reception or retention

Combing out Inferior Teaching Schools

[1] Subsequently raised to five.

of osteopathic schools already in existence. At a later conference of the associated colleges it was decided to recommend to the Educational Committee of American Osteopathic Associations the appointment of an official examiner to investigate and report on all colleges applying for membership in the Association of Colleges. At the same time it was resolved to recommend the appointment of an examiner to visit annually each of the schools of the associated colleges without notice to the school and to report upon the way in which they were being conducted.

Recognition of the A.O.A. as the Supreme Authority

By this time the Committee on Education of the American Osteopathic Association had presented a report in which it was laid down that the standard osteopathic course of education be the sole basis for the Association's work. In other words, the American Osteopathic Association and the Associated Colleges of Osteopathy have co-operated in the endeavour to prescribe and maintain a uniform standard of education and to accord recognition only to those institutions where these standards obtained. In the course of years the constitutions of both these national organizations have been altered, but always in the direction of necessitating a higher level in the teaching of osteopathy and the professional competence of recognized graduates. Thus the provision requiring colleges of osteopathy to include as active resident members of the faculty at least two persons who were graduates of some reputable school of osteopathy was altered so as to require five such members. The length of the course of study in osteopathic colleges has also been extended, and it has been laid down that only those colleges that observe the prescribed period can be recognized by the American Osteopathic Association.

It must be remembered that osteopathy has been

developing scientifically and technically without any such advantages as the dominant school of therapy has enjoyed as a legalized and strongly organized profession on a monopoly basis. Osteopathy has had to fight for legal recognition, and only in the country of its origin at the end of fifty years of struggle and sacrifice can it be said that it has secured the legal status and scope it claims. It has developed from small beginnings its own well-equipped, properly-organized and scientifically up-to-date teaching institutions, hospitals, clinics, and sanatoria under its own auspices; but it has still to fight for the right of admission to public hospitals, welfare associations, social service societies, and other organizations concerned with public health which are under the domination of the representatives of orthodox medicine. For years past the orthodox school of therapy has been trying to get control of all the health agencies in the United States and in other countries, and to standardize the treatment of disease and methods of conserving public health on the basis of drug-therapeutics. So far as they can the representatives of orthodox medicine who control these agencies endeavour to exclude osteopathic principles and to make these agencies the close preserve of orthodox medical practitioners.

A Fifty Years' Fight for Recognition

More still to be Done

And whilst osteopathy on the one hand has had to make headway against the jealous obscurantism of orthodox medicine, it has had on the other hand to resist an invasion of the field of mechano-therapeutics by parasitical imitators calling themselves chiropractors or bone-setters, possessing hardly an empirical knowledge of the principles of manipulative surgery of which osteopathy is the standardized and scientific expression. With these imitators I propose to deal in later chapters.

PART II

PRINCIPLES

PART II

PRINCIPLES OF OSTEOPATHY

CHAPTER V

THE OSTEOPATH AS PHYSICIAN

Misconception of what Osteopathy is

A COMMON misconception about osteopathy among those who are unacquainted with its history is that its treatment is not effective in ordinary disease. Misled by its name, many people suppose it to be merely a form of bone-setting, and it is commonly supposed to be effective only in cases of maladjustment or derangement of the bony structure of the body. Again, it is often imagined that its technique is essentially nothing more than a form of massage. It is not generally realized that osteopathy is a fully organized profession.

It is a Separate and Independent System

It is not a development or extension of ordinary medicine, but a separate system of therapeutics. Its practitioners are trained in all the fundamental sciences that appertain to the diagnosis and treatment of bodily ailments, with the exception only of *materia medica*, the study of which is excluded from the curriculum of the osteopathic schools on the ground that the osteopath does not require to learn the principles of drug-therapy which he does not intend to practise.

The osteopath is a physician in exactly the same sense as the allopath. He has to diagnose disease in all its manifestations. His duties are directed from the

point of view of the principles enunciated in an earlier chapter, namely, that derangements and maladjustments of the body framework, especially the spine, as well as disturbed relations of ligaments, tendons, blood vessels, muscle, nerves, and body tissues generally, are the predisposing factors in all disease. It follows that osteopathy must be as effective in application to acute as to chronic diseases if its claims are scientifically founded, and that infectious diseases and common ailments like pneumonia or influenza, and cases of organic or nervous affections, must be equally amenable to the osteopathic treatment.

The Germ Theory, Old and New

The scientific validity of osteopathic principles can be appreciated even by the layman who possesses an elementary knowledge of what was formerly known as the germ theory of disease, in other words, the bacteriological therapeutics to which the researches of Pasteur gave such an impetus from the middle of the last century. The germ theory of disease, as popularly understood, holds the microbe responsible for all bodily ailments. Mr. Bernard Shaw, in the witty and destructive preface to his play *The Doctor's Dilemma*, scarcely exaggerates when he says that the popular theory of disease, like the medical conception, is that every disease had its microbe duly created in the Garden of Eden, and has been steadily propagating itself and producing widening circles of malignant disease ever since. The whole art of healing seems, in these circumstances, to be summed up in the formula, 'Find the microbe and kill it'. Pasteur's researches led to the theory that disease is essentially a fermentation due, like the fermenting of yeast, to the presence of a minute fungus in the blood. There was considerable dispute as to whether the microbe or bacillus was a vegetable or animal organism, and one form of the germ theory of disease was that the

bacillus, as a minute plant or vegetable organism, used up the oxygen in the blood and thus endangered the life of the body by depriving it of oxygen. This view is now abandoned in favour of the theory that the bacteria produce, by their own metabolism, poisons or toxins.

Research and theory combined gradually to build up a conception of disease which seemed to fit the fact. The theory was dramatized for the popular imagination in the conception formulated by Metchnikoff, the great Russian pathologist, who pictured disease as a war between invading hosts of bacteria and the white corpuscles in the blood acting as the body's defenders. In his study of inflammations Metchnikoff observed that the wandering cells, the white blood corpuscles, were present in abnormal quantities at the seat of infection, seeming to have been drawn thither in order to surround and attack and then devour the invading germs. He called the white corpuscles which float about in the blood and lymph phagocytes—the devouring cells.

In Metchnikoff's hands the idea of inoculation with antitoxic substances amounted to little more than a preliminary training of the white corpuscles or phagocytes to fit them more readily to destroy the invading bacteria. When the battle went against the defenders so that the disease spread and the patient died, Metchnikoff explained it by suggesting that the bacteria were too numerous or too virulent to be overcome and devoured by the white corpuscles. This picturesque explanation, however, left many things unexplained. The injection of an antitoxin in the form of a serum made from the colourless fluid of the blood of inoculated animals, which by inducing a mild form of the disease seemed to confer immunity against the disease in its more virulent form, led to the belief that the serum itself was bactericidal. That this was not the case was recognized when it was noted that often the action of the serum allowed the bacteria

to thrive and multiply, although their baneful action appeared to be destroyed. It was thought that the serum merely neutralized the toxins produced by the bacteria.

But it was presently recognized that other conditions had their part to play, including the susceptibility of the patient exposed to bacterial infections. It is well known that susceptibility varies enormously, not only as between different species and different races of the same species, but amongst individuals of the same race and at different times even in the same individual. The greater susceptibility of infants in the case of diphtheria, for example, as compared with adults, is well known. It is also well known that susceptibility to bacterial infection is increased by conditions such as fatigue, starvation, exposure to cold and other influences which lower the general powers of resistance and depress vitality. Thus conditions which were formerly believed to be themselves causes of disease are now recognized to be factors of a predisposing character. But it is still held by those who adhere to the germ theory of disease that disease is due to an invasion of bacteria. Though they are obliged to acknowledge that in health the blood and internal tissues are free from bacteria that are in a state of destructive activity, they still seem unwilling to believe that the characteristic microbe of a disease might constitute a symptom and not a cause. In a number of diseases—tuberculosis, typhoid, enteric fever, Maltese fever, diphtheria—it is claimed that the characteristic bacillus has been identified, and all that needs to be done in the view of the medical practitioner is to prepare an antitoxin which will destroy it. The fact that bacilli are to be found which are characteristic of particular diseases in persons who are not suffering from them *they explain away by calling the bacilli impostors.*

Susceptibility a Prime Factor

G. B. S. and the Germ Theory

In Mr. Bernard Shaw's play *The Doctor's Dilemma* the germ theory in its most absurd form is stated by Sir Ralph Bloomfield Bonington—an excellent example of the successful practitioner with a good bedside manner, and no other qualifications whatsoever—in his discussion with the other doctors :

'And what is a disease ? The lodgment in the system of a pathogenic germ, and the multiplication of that germ. What is the remedy ? A very simple one. Find the germ and kill it.

SIR PATRICK : Suppose there's no germ ?

B. B. : Impossible, Sir Patrick ; there must be a germ ; else how could the patient be ill ?

SIR PATRICK : Can you show me the germ of overwork ?

B. B. : No ; but why ? Why ? Because, my dear Sir Patrick, though the germ is there, it's invisible. Nature has given it no danger signal for us. These germs—these bacilli—are translucent bodies, like glass, like water. To make them visible you must stain them. Well, my dear Paddy, do what you will, some of them won't stain. They won't take cochineal ; they won't take methylene blue ; they won't take gentian violet ; they won't take any colouring matter. Consequently, though we know, as scientific men, that they exist, we cannot see them. But can you disprove their existence ? Can you conceive the disease existing without them ? Can you, for instance, show me a case of diphtheria without the bacillus ?

SIR PATRICK : No ; but I'll show you the same bacillus without the disease, in your own throat.

B. B. : No, not the same, Sir Patrick. It is an entirely different bacillus ; only the two are, unfortunately, so exactly alike that you cannot see the difference. You must understand, my dear Sir Patrick, that every one of these interesting little creatures has an imitator. Just as men imitate each other germs imitate each other. There is the genuine diphtheria bacillus discovered by Loeffler ; and there is the pseudo-bacillus exactly like it, which you could find, as you say, in my own throat.

SIR PATRICK: And how do you tell one from the other?

B. B.: Well, obviously, if the bacillus is the genuine Loeffler, you have diphtheria; and if it's the pseudo-bacillus you're quite well. Nothing simpler. Science is always simple and always profound. It is only the half truths that are dangerous. . . . I mean no disrespect to your generation, Sir Patrick; some of you old stagers did marvels through sheer professional intuition and clinical experience; but when I think of the average men of your day, ignorantly bleeding and cupping and purging, and scattering germs over their patients from their clothes and instruments, and contrast all that with the scientific certainty and simplicity of my treatment of the little prince the other day, I can't help being proud of my own generation: the men who were trained on the germ theory, the veterans of the great struggle over Evolution in the 'seventies. We may have our faults; but at least we are men of science.'

How this scientific practitioner demonstrated the superiority of his theories over the older doctor, Sir Patrick, those who have read the play, or have seen it acted, will remember. I quote the passage merely for the sake of its delightful *reductio ad absurdum* of the germ theory of disease. But it must not, of course, be inferred that the osteopath denies the validity of the scientifically ascertained facts of bacteriology.

The Osteopath and Bacteriology. Where he Parts Company with Orthodoxy

What the osteopath repudiates is the notion that bacteria are the sole or primary causes of so-called bacterial diseases; *the osteopath asserts that when bacilli are found in the human body in association with disease they are caught in bad company*. They thrive and multiply and destroy because, through some predisposing cause, favourable conditions exist for their multiplication and for their destructive activities to go on.

That predisposing cause is some maladjustment or derangement or impairment of the structural integrity of the body which stops or clogs the flow of blood and lymph ; or it may be an interference with the nerve action which controls the flow of the vital fluids, and thus produces the conditions under which the invading hosts of bacteria are able to overcome the defences which the body maintains in health.

Impairment of Structural Integrity the Prime Factor

Scientific research is moving in the direction of this fundamental principle of osteopathy in its formulation of the theory of immunity. Two forms of immunity are recognized—the natural and the artificial; natural immunity meaning that condition under which the microbe of disease cannot establish itself in the organism, and artificial immunity, or acquired immunity, being the condition in which the naturally susceptible organism has been rendered insusceptible by the introduction of anti-toxins or other forces connected with the antitoxic qualities in the blood fluids.

Immunity—Natural and Artificial

Reinforcement thus comes from the immunologist for the theory formulated by Dr. Andrew T. Still, when an effort is made to explain the special machinery with which the body is equipped for the destruction of bacteria, and also the mechanism by which immunity is maintained or acquired. Bacteriologists have discovered that some persons are negative to the diphtheria toxin, whilst others subjected to the Schick test for the purpose of diagnosing immunity are discovered to be positive. Experiments proved that the persons who are negative are those who have diphtheria antitoxins present in the blood serum either naturally or as a result of having passed through an attack of diphtheria or having become gradually immunized. In the case

of those who are positive to the Schick test there is no antitoxin in the blood fluid, and thus the injected toxin of diphtheria is not neutralized.

Similar experiments have been undertaken in respect of scarlatina. Such researches help to explain the problem which Dr. Andrew Still sought to solve before 1880, when he asked himself why men recover from such diseases as pneumonia, smallpox, scarlet fever, typhoid fever, and cholera; why men who recover from certain of these diseases—for example smallpox—as a general rule are safe from another attack of that disease, but men who recover from certain other of these diseases, such as pneumonia, are not rendered immune to another attack of the same disease; why all do not die, or all recover, or all remain immune to a second attack?

The answer to these questions is to be found in the direction to which Dr. Still pointed—the direction in which the theory of immunology is guiding even orthodox medical thought to-day. An enormous amount of research has gone to prove that the body is equipped with special machinery for the destruction of invading bacteria, and it is possible now even for the layman to frame some conception of the mechanism of immunization, natural and artificial, or acquired; though the researches which establish the fact and confirm the profound generalization of Dr. Still carry one deep into the mysteries of chemistry, cell-structure, and biology. It has been scientifically ascertained that the antitryptic power of the blood fluid quenches the destructive vitality of bacteria.

Light has been thrown upon the mysterious, protective, self-curing properties of the blood by the remarkable work of Sir Almroth Wright, which revolutionized the treatment of open infected wounds. The essence of the treatment practised by him and his school was its invocation of the principle that

the body would heal itself by a purely physiological process if it were permitted to do so. The method employed was altogether different from the common practice of supplementing purely aseptic measures by the use of antiseptics, which were employed not only for the purpose of cleansing and disinfecting the wounds but with the hope of being able to reach the seat of infection and to stimulate the natural process of healing.

Sir Almroth Wright—The Germicidal Power of the Blood Itself

Sir Almroth Wright's procedure was to promote a flow to the open wound of the fluids permeating the body tissues. The lymph flowing outwards prevented the spread of infection inwards and laved the wound by a healing stream. Instead of depending, in other words, upon artificial methods of dealing with infection by excision, for example, of infected tissue, by the knife or the scissors, and the draining of the wounds by india-rubber tubes, he drew to the seat of infection, and flooded the wounds with, the self-produced vital fluids within the body.

Wright's System in Lieu of Applied Antiseptics and Drastic Surgery

All this indeed constitutes only a small part of the research work which has demonstrated that the antitryptic properties of the blood fluids which hamper and in some cases completely inhibit the growth of bacteria are the means by which bacterial poisons are neutralized and the body's defences against infection are maintained. The theories underlying the use of antiseptics and germicides, the ideas which dictate the elaborate aseptic procedure, have been undermined by experimental medicine, which has demonstrated that sterilization of living tissue can only be effected by the natural vital process, and that no chemical agent is known which can penetrate the living tissues of the body and

destroy bacteria without at the same time injuring the tissue itself. The normal blood fluids are the only real germicides.

The Immunologist Believes this is the True Basis of Scientific Therapeutics

In the view of the immunologist, natural immunity is due to the bactericidal substances in the blood and to the properties of it which are inimical to the growth of bacteria. Medical science, it is true, still hesitates to assert that these protective qualities and powers of the blood are effective against all kinds of bacteria. There are some species of micro-organism which seem to have the power of themselves producing a substance which attacks and overcomes the natural defences raised by Nature. But the farther we pursue the investigations the more clearly it is seen that there are many physiological devices by which Nature has provided for the destruction of different species of bacteria or micro-organisms.

Serum-Therapy —Its Scope and Its Failure

It is consistent with the historical tradition of orthodox medicine that so much research should have been directed to the conditions under which artificial immunity can be secured—in other words, how the anti-bacterial machinery of the body might be improved; hence the emergence of serum-therapy and the craze for vaccines and inoculations. It is not my purpose to pursue the ramifications of the theory of artificial immunization from the first crude procedure adopted by Jenner in vaccinating, through the more rational inoculations of Pasteur, to the highly developed application of anti-bacterial and antitoxic sera of the present day. Some aspects of the craze for inoculation have been acutely satirized by Mr. Bernard Shaw in the play to which I have already alluded. There are other aspects of it

which deserve to be subjected to the same merciless treatment. Mr. Shaw dwelt upon the perils of ignorance about opsonin—which its discoverer (in the play) described as 'what you butter the disease germs with to make your white blood corpuscles eat them'. He found equally abundant material for his destructive humour in the phenomena connected with what is called the curve of immunization!

It was originally supposed that the vaccination or inoculation produced effects, after a certain period of incubation, in a continuously upward direction; that is to say, that the artificial immunization produced by inoculation became more pronounced with the lapse of time and that the immunized person became progressively more immune. Investigation has shown, however, that for the first twenty-four hours or more after inoculation the bactericidal power of the blood is actually reduced. That is called the negative phase. It is succeeded by a positive phase, in which the antibacterial power is increased, and this phase may last for several days. Thereafter the effects of the inoculation appear to wane and may wholly disappear, leaving at last the antibacterial power very little higher than was the case before the inoculation was made. In short, the person who allows himself to be infected with a very mild form of the disease against which he seeks protection by inoculation seriously increases the risk of severe infection in the first day or two after inoculation; and though he may, for a few days after, enjoy an artificially increased immunity, it represents a very temporary privilege: he ends presently with no greater security against the infection he has taken these measures to avert than the uninoculated person enjoys. Perhaps his security, indeed, is even less.

As investigation is pushed still farther it becomes apparent that increased bactericidal power can be

developed in the blood by quasi-natural means—by irradiation of the skin by violet light, the light of the electric arc, and sunlight—without the aid of vaccine at all. The new cult of helio-therapy marks a further step forward in the development of orthodox medical thought. But it is a step beyond serum-therapy, and a step back to Nature.

A Step Farther—Helio-therapy—The Invocation of Nature

It is impossible to follow the development of the germ theory of disease through its various phases, beginning with the use of parasiticidal carbolic acid, through the developments of serum-therapy, and its partial supersession by the saner cult of helio-therapy, without realizing how profoundly they affect orthodox medical thought and practice. Many accepted remedies and many newly introduced remedies applied in accordance with the formula 'find the microbe and kill it' have been found to be 'indiscriminate in their deadly action upon living cells', and whilst they might kill parasitic cells 'would also kill the cells of the host, so that it became a toss-up, so to say, which would die first, the disease or the patient.'[1]

Summary of the Foregoing

Knowledge has been enlarged and something approaching a scientific conception now exists regarding the protective mechanism which is set in motion for the destruction of invading hosts of bacteria spreading poison through the system. Yet orthodox medicine still clings to the belief that Nature is insufficient and inefficient in the provision it has made for maintaining the body in health and resisting the inroads of disease.

[1] *Sunlight and Health*, Dr. C. W. Saleeby, p. 30.

CHAPTER VI

ACUTE AND CHRONIC DISEASES

NOTHING is more significant in the history of medicine than the failure of orthodox treatment for acute and chronic diseases. With centuries of empirical knowledge behind them, reinforced at least in the last two or three generations by scientific research, the representatives of the dominant school of therapy, avowedly an eclectic system, have not succeeded in discovering a single genuine cure for any disease whatsoever. There are hosts of common ailments which are almost as prevalent to-day as when scientific medicine was in its infancy and for which the orthodox practitioner is unable to prescribe curative treatment that is anything better than a palliative and a means of relieving the patient of pain and discomfort whilst the malady runs its course.

The Failure of Eclectic Medicine

The apologists and defenders of the eclectic school of medicine point to the vast improvement in public health, the cessation of the worst forms of epidemic disease, the reduction of infant mortality and the death-rate generally, the increased chances of life, and the lengthening of life's normal span, as evidence of progress in medical technique and scientific therapeutics. It would be absurd to deny the reality of progress in regard to the health and well-being of the people; but it is equally absurd to claim for orthodox medicine the results which are due to enlightened common sense in matters of hygiene, diet,

Normal Evolutionary Advance Claimed as Due to Medicine

social habit, and saner ways of living, to improvements in the environment, greater vigilance, and more systematic supervision by public authorities—to that whole secular movement, in short, which justifies the description of the last hundred years as 'the sanitary century'. It is not an unreasonable minimization of the services rendered by the eclectic school of medicine to say that its chief triumph has been in helping people to learn the lesson of how to keep well, by observing a few simple rules about fresh air, cleanliness, and sensible diet. Much more than in the discovery of positive cures for bodily ills, orthodox medicine has accomplished its principal work in the perfecting of sanitation and the teaching of rules of health—and in the observance of a number of elementary precautions in the sick-room and the operating-chamber by the physicians and surgeons themselves!

Sanitary Improvements—Yes—but Little Else

Nobody in his senses would wish to minimize the value of such extensions of knowledge as are applied in modern surgical and medical practice. But those who vaunt the progress of medicine in the last hundred years should ponder the significance of the fact that if we except the very doubtful discovery of the antitoxins for diphtheria, tetanus, and botulism, and the remedies for malaria, syphilis, and diabetes—the complete efficacy of which is still a matter to be proved—no single cure has resulted for any one of the thousand maladies which afflict mankind. When we consider how many 'infallible cures' have been proclaimed and what magical properties have been attributed to the whole battery of vaccines and sera, from Jenner to Banting, we cannot fail to perceive how little real progress has been made in the therapeutics of the eclectic school.

The treatment of tuberculosis offers a cardinal example of the failure of classic medicine to redeem

its promise of effective cure. Thirty years ago, following Koch's discovery of the tubercle bacillus every medical practitioner believed not merely that the cause of tuberculosis had been at last ascertained but that the appropriate treatment was known and could be easily applied. The theory was that this bacillus, which lives and thrives only in the animal, including of course the human body and perishes soon after it leaves the living organism, must be eradicated; it was necessary only to prevent the entrance of the germ into the living body by stringent measures against infection, and to 'kill the germ'. Accordingly, a vigorous campaign was set on foot, aided by public money and the creation of a vast furore to enlist the aid of the people at large, with the object of killing the bacillus and preventing infection. Disinfection of the sputum of those suffering from the disease, pasteurization of milk, inspection of cattle and the destruction of those found to be harbouring tubercle bacilli, the isolation of persons who have been infected, and the annihilation of every object that could possibly be contaminated by the germ, including bed-clothes, garments, food utensils, and the furnishings of rooms used and occupied by tuberculous patients—these were the means that were to be employed in the effort to stamp out this most widespread of diseases.

Tuberculosis—Failure after Much Promise

All this was done with the utmost enthusiasm. The campaign was still further encouraged when vital statistics showed a decline in the mortality rate from tuberculosis, in some countries by as much as fifty per cent. But then it was found that, despite all these strenuous efforts to 'kill the germ' and to prevent infection no less than ten per cent of all infants within the first year of life; about fifty per cent before the sixth year; and at eighteen years over ninety per cent of all human beings can be proved to be harbouring

tubercle bacilli in their bodies. Practically every person living in a city is infected by the germ before passing the adolescent stage.

Logically the procedure would be to continue the process of destroying the ubiquitous tubercle bacilli, as one writer has put it, 'by killing all animals and human beings that react to tuberculin'. But there are obvious objections to this course. And there are some objections that are not obvious, but which are weighty and substantial enough to influence even medical opinion. There is, for example, no unanimity of opinion among medical men as to the means by which the bacilli find entrance into the living body, or as to the means by which infection can be prevented; it has yet to be proved, indeed, that infection alone is sufficient to cause the disease. The theory of immunization also plays an important part in the discussion. It has been found that, just as in measles, scarlet fever, typhoid, and other infectious diseases, an attack of tuberculosis immunizes against another attack of the same virus. This has been considered to be of such great moment that there are not wanting voices, even among medical men, to warn us that it is just possible that, in preventing the infection of children, we may be depriving them of its immunizing effect; for if immunization, by means of small doses of this widespread bacillus, plays any part in increasing the resistance of the present generation, it is just possible that by checking the distribution of the bacilli through discouraging indiscriminate spitting, for example, or by abolishing bovine tuberculosis from dairy cattle, we may be actually undermining the resistance of the race and paving the way for a future increase in the severity of the disease.[1]

[1] *The Cause of Tuberculosis*, by Louis Cobbett, a Cambridge expert, quoted by Dr. Maurice Fishbein in the *American Mercury*, March, 1928.

Here, after a generation of enthusiastic effort, starting from the discovery of the bacillus which is held to be responsible for tuberculosis, a rigorous campaign costing an immense amount of money, aiming at the extirpation of the alleged cause and the protection of the public against contamination, is challenged on the ground of fundamental principle, not by osteopaths alone, but by competent and instructed members of the eclectic school of medicine.

Failure Admitted

The critical scrutiny of the prophylaxis against consumption presented in the foregoing paragraphs is not from the osteopathic standpoint entirely, but from that of the regular medical profession. It is cited here primarily as an illustration of the failure of classic medicine, even when it is reinforced by bacteriological research, and aided by lavish expenditure, to provide an effective cure for acute and chronic diseases of the commonest kind.

Much the same line of criticism might be pursued in respect of diphtheria, typhoid, paratyphoid, and other infectious fevers, and the so-called 'deficiency diseases' for which a preventive technique based on vaccines has been elaborated. The principal cause of the spread of diphtheria is now alleged to be the human carrier. But no certain method of ridding the human carrier of the bacilli has been devised. In the case of influenza the medical profession has not yet made up its mind whether the causative factor is the *Bacillus influenzae* of Pfeiffer, or whether search has to be made for a 'filter-passing virus' upon which responsibility can be imposed and against which preventive measures may be taken. With the failure of the tuberculosis prophylaxis in mind one may be pardoned for entertaining a doubt regarding the development of the theories underlying the present-day search for the guilty but elusive microbe and the preparation of new vaccines and sera.

The new chemio-therapy and organo-therapy rest upon the same vicious principle as the classic drug-therapy and upon the same mistaken view as to the causation of disease.

Osteopathic Treatment Based on Knowledge—not Empiricism

Osteopathy, on the other hand, as previous chapters have shown, bases its whole technique on an entirely opposite principle: that is to say, it does not experiment with vaccines and sera in the hope of finding cures by introducing into the blood-stream toxins and antitoxins obtained from animals, and in some cases, as in the various glandular preparations, from the human body itself. The manipulative technique of the osteopath is employed to control and regulate the flow of the blood and healing fluids of the body, so that the body itself is enabled to resist and repel the invasion of disease-laden germs and effect its own cure in its own way. For that reason osteopathy has accomplished remarkable successes in the treatment of acute and chronic diseases. Osteopathy assists the process of conquering disease which the human body itself instantly initiates. In the case of the whole group of disorders which may be classified as 'germ diseases', ranging from the common 'cold' to typhoid, diphtheria, pneumonia, influenza, chronic catarrh, cerebro-spinal meningitis, and other virulent forms of bacterial disease, the osteopathic physician sets out to assist by his manipulative treatment the body's manufacture and distribution of the natural antitoxins in order to effect a cure. So with those diseases arising from functional disorders and impairment of the action of the body's organs: the osteopathic technique, reduced to its simplest terms, is a method of restoring normal function by dealing with the anatomical lesions which impair the bodily organs and interfere with their healthy activities.

We start, then, from the fundamental fact that osteopathy is a manipulative therapy which (accepting the main conclusions of bacteriological research but rejecting the antiquated and unscientific methods of orthodox therapeutics based on the use of drugs, vaccines, and sera) aims at aiding the natural powers of resistance and self-healing possessed by the human body. I propose to explain briefly and summarily in popular terms how osteopathy regards the range of common ailments, the acute and chronic diseases that the representatives of the classic school of medicine have been unable to eradicate. I cannot do better than begin with the explanation offered by the late M. A. Lane, Professor of Pathology in the American School of Osteopathy at Kirksville, a brilliant teacher whose exposition of osteopathic principles and practice has never been surpassed. He has described a series of observations on the results of osteopathic treatment for influenza.

Influenza

Almost everybody (he tells us) knows the main facts about this malady. There is, first, the condition expressed in the words, 'I feel queer to-day; I don't know what's the matter with me'. Next day the symptoms are clearer. There is ache in the back and bones, in the muscles of the neck, back, legs, and other parts of the body, pronounced fever, and head, eye, and nose symptoms. The trouble is a 'cold', and a 'bad' one. And now, if the nasal or throat secretions are 'smeared' on glass, stained in a certain way according to the simple technique of bacteriology, and examined in the highest powers of the microscope, countless numbers of a tiny rod-like organism are seen—the bacillus of influenza. They are so numerous that it is clear at a single glance that the throat and nose of the patient are housing and feeding inconceivably vast numbers of this minute organism, of

this bacillus or germ, the toxin of which, being absorbed by the tissues and blood, poisons the body and produces the symptoms called influenza. Examination of the secretions a few days later shows that they have become yellowish (pus), and in the pus are still seen many of the influenza bacilli, but the number is being slowly reduced. This, as Professor Lane says, means that the soldier cells and other cells of the body are manufacturing the antibodies (and other substances) which neutralize the toxins, destroy the bacilli, and restore the body to its former normal condition; the pus consisting of dead soldier cells of the blood—the phagocytes—which have been destroyed in engorging the bacilli. As the pus begins to diminish in quantity the bacilli die out and disappear, and after an interval of fourteen to twenty-one days the secretions show no bacilli at all; the antibodies produced by the body as a reaction against the germs and their toxin have worked a cure, and Nature alone has done the job.

Its Osteopathic Treatment

Now, if on the second or third day of the infection what Professor Lane calls a generous and general osteopathic treatment (neck and spine all the way down) be given, so that the spinal nerves are released from tissue tension and well stimulated, the patient almost immediately experiences marked relief, something coming so quickly as to be almost startling. Not infrequently the symptoms in the succeeding twenty-four hours seem to be increased; but before the end of forty-eight hours, and sometimes within the twenty-four hours, the symptoms completely or almost completely disappear. If the secretions from the nose and throat be now examined they will be found to contain comparatively few bacilli of influenza; and then follows an interesting consequence. The secretion passes into the pus stage

several days before it would so pass when Nature is left alone. 'Observe now a strange fact' (writes Professor Lane): 'if only one such treatment is given, the pus (very small in quantity with very few germs in it) continues to form for some weeks, and in some cases does not finally disappear for two or three months. But if several such treatments are given, say five or six, on successive days, or alternate days, *the pus state is never reached at all*, or, if reached, lasts only a few hours, less than twenty-four in some cases, *and the germs disappear from the secretions with almost startling suddenness, the patient remaining entirely without symptoms in the interval.*' [1]

And Happy Results

Thus the osteopaths draw the conclusion, which constitutes another proof of the validity of their principles, that osteopathic treatment, by increasing the natural resistance of the body, renders the infection abortive faster than is the rule when Nature is left alone. It is a typical case of the osteopathic therapy, which can find further illustration in infections other than influenza. It confirms the thesis that the body possesses normally considerable powers of resistance. Most vaccines or sera are used with the object of causing the organism to react with the production of antibodies to conquer the infection; but so subtle and complex is the chemistry of the body that although theoretically all infections should yield rapidly to vaccines or sera (or both), in practice hardly any infections or diseases do actually yield; whilst, at the same time, the use of vaccines and sera produce other incalculable reactions which may prove detrimental to the patient. The osteopathic therapy involves no such risks; in the infectious diseases, the inflammatory diseases, the so-called rheumatic diseases it has been proved effective,

[1] The italics are mine.

and the reason for its success is its conformity with the laws of health and the facts of life.

'Rheumatism'

An almost perfect illustration of the working of osteopathic theory and practice is provided in contrast with that of the classic therapeutics in relation to the group of so-called rheumatic diseases which are productive of so much pain and malformation of joints. Here again I find it impossible to improve upon Professor Lane's exposition. He emphasizes the fact that formerly 'rheumatism' was regarded as one of the most mysterious of diseases, and the name was given to nearly every symptom from the smallest and most insignificant pain at the end of the toe or finger to prolonged chronic torture in enlarged, inflamed, and deformed joints. It was believed for long that 'rheumatism' was due to chemical disturbance or lack of balance in the body, in which uric acid, lactic acid, or some other acid was not destroyed or was only partially eliminated, as is known to be the case with uric acid in gout. Later it was held that 'rheumatism' was caused by a microscopic germ in the body, and it was claimed that this bacterium had been discovered and was christened *Micrococcus rheumaticus*.

Vacillating Methods and Beliefs of Orthodoxy

Considerable doubt was thrown upon this discovery, however, and in practice the ordinary treatment for rheumatism was to prescribe anodynes for the pain, until it was realized that the use of opiates, or pain-killers, had also serious consequences for the patient. Then it was claimed that rheumatism was caused by the entrance into the body, through the tonsils, of a mysterious germ. Forthwith, it became the fashion to remove the tonsils—one of the natural fortifications of the body's citadel against invading organisms of many kinds. Only slowly was it realized

that 'rheumatism' is not one disease, due to one unvarying cause, but a complex of symptoms due to several different causes, and so we reached an elaborate classification of several kinds of 'rheumatism' which Professor Lane ironically enumerates: inflammatory rheumatism, rheumatoid arthritis, articular rheumatism, muscular rheumatism, neuralgic rheumatism, rheumatic neuralgia, neuritis, sciatica, lumbago, rheumatism of the heart, rheumatism of the stomach, and so on. And well does the osteopathic practitioner know (as Professor Lane remarks) that an enormously large number of cases labelled by one or another of these terms were caused by 'a ridiculously simple slip or misplacement or strain in some joint or tissue, the results of which were not always so simple as the cause.'

Neuritis

It is not possible to say how many 'rheumatisms' are caused by such lesions, and likewise impossible to say how many cases of neuritis, in which the entire upper body, the trunk, or large areas of it, may be affected, are due either to bony lesions of the back or to hardened and tense muscles along the spine; 'for the osteopath is familiar with such cases also, and has removed the ill permanently by loosening up the joint-binding tissues of the spine.' These anatomical disturbances, often quite minute, have been shown to be the source of many of the pain-complexes known in the past as rheumatism. Many cases diagnosed as intercostal neuralgia have been discovered by osteopaths to be caused by a twisted rib; and when adjusted the mysterious 'rheumatism' of years has vanished. Cases of brachial neuritis are found to be due to a similar cause. So-called rheumatic pains in the feet associated with defective arches have all disappeared under the ordinary osteopathic treatment of flat foot, which by manipulation restores the arch and banishes

the 'rheumatism'. Sciatica from a slipped pelvis, neuralgic pains from a slight displacement of one of the vertebrae of the neck, and cases of inflammatory rheumatism, rheumatic heart, and other descriptions of 'rheumatic' disorders have been osteopathically treated and cured, and the list might be lengthened.

Focal Infections

The range of such disorders as are due to infections, whether called rheumatism, neuritis, lumbago, sciatica, or anything else, can similarly be cited in proof of the fundamental osteopathic theory. Many severe pains and inflammations described as rheumatism, apart from articular rheumatism so called, caused by pus-forming bacteria which lodge and grow in various parts of the body, often in the mouth, at the roots of teeth or in the tonsils, have been dealt with by the orthodox practitioner in the obvious way, which is not the natural way: cutting out the tonsils and ruthless, indiscriminate tooth-pulling.[1] When we are asked to admire the advance which surgery has made—especially in public esteem—of late years, it is not out of place to emphasize this aspect of the matter. The orthodox surgeon sometimes sacrifices organs and tissue which are of the utmost importance in the functioning of the body.

The whole of the acute and chronic diseases which afflict mankind might be thus surveyed to prove the osteopath's case. Osteopathy deals with them not as the ordinary physician and surgeon do, but by its own characteristic methods, which bring health to all bodily functions and restore to normal activity all the tissues, nerves, and organs of the body. From this survey would clearly emerge the conclusion that osteopathy provides a general therapy which not only

[1] I wish to differentiate between *pulling* the teeth, and the careful dissection—*i.e.* surgical removal—of diseased and dead teeth and the infected tissues adjacent to them.

relieves but cures. Its importance as a development of the science and art of healing does not depend alone upon its specialized application to particular maladies; its principal significance lies in its path of approach to the problem of disease in its widest aspect and in its reliance upon the innate self-curing power of the body itself. Nowhere so clearly as in its treatment of chronic and especially acute diseases is its fundamental accord with the conclusions of modern scientific research more triumphantly vindicated. It should be easy to test the validity of these claims, and I suggest that three acute illnesses—such as influenza, pneumonia, tonsilitis—be selected as a test. Fifty cases of each might be treated by the orthodox and the osteopathic technique respectively, under the supervision of an independent and impartial committee of scientists. I do not doubt which scheme would show the greater proportion of successful results.

CHAPTER VII

THE MANIPULATIVE TREATMENT OF INJURED JOINTS

The Body a Perfect Machine

THE human body presents some of the finest examples of modern mechanics. Many of our most original mechanical ideas have resulted from a close study of the human framework. The long bones, with their attached muscles and the joints at their extremities, illustrate all types of the simple lever. The rounded head of the thigh-bone, fitting into the cup-like cavity of the pelvic bone, is a perfect example of the ball and socket joint, the type of joint so extensively employed in engineering. For bearing weight the double arch system of the foot is as well designed as it can be.

The Spinal Column

Marvellous as these joints are, the complexity of the spinal column, with its interdependent joints from end to end, is still more wonderful. Think of the functions which the jointed, bony canal has to serve! It must rigidly protect the delicate nervous cord which runs down its centre, and yet it must be completely flexible, permitting, as it must do, free movement in every direction. It is the direct support of the skull and brain, and it must safeguard the brain from all jar and disturbance whatever the movement of the body may be. The flexibility of the vertebral column is made possible by an accurate jointing of the bones of which it is composed. Although each bone is capable of but slight movement on the bones contiguous to it, yet the combined movement of the column as a whole allows the body to

assume all the positions and attitudes which are necessary in everyday life. Between each of the vertebrae is placed a small pad or cushion, of what may be called human india-rubber, to safeguard the brain from the jars inseparably connected with the simple act of walking, and even more so with that of jumping or the misfortune of misstepping.

Realizing the complexity of modern life, it is remarkable that the human frame, evolved so many thousands of years ago, should still be so admirably adapted for its purpose, and should serve so faithfully for a length of life that few attained in the olden days. Whether the joints and bony framework suffered more from the rough shocks and jars of life in mediaeval times we have few records to show, but it is certain that modern methods of transit and the general speeding up of life prove a severe test to both. We find as a matter of fact that modern activities and modern strenuousness do frequently lead to joint injury.

I propose to consider a few of those joints which are most liable to injury, and to show what modern manipulative science can do to correct them when injured. And I will extend the consideration to those maladjustments of the body which, although not resulting from any definite injury, accrue from faulty habits or occupational conditions, and bring in their train results almost as disabling as definite injuries. These maladjustments, I propose to show, can be treated with equal success by osteopathic methods, with the result that normal and healthy usefulness is restored.

The Joints in Detail

I will leave out consideration of the hip-joint, which, on account of its powerful construction and many safeguards, is comparatively immune from injury. I will also leave out the wrist-joint, which, when injured, is so frequently broken that it necessarily comes into the domain of definite

surgical treatment. But I will refer briefly to the knee and the foot, the elbow and the shoulder, in the treatment of which, when injured, manipulation is of such inestimable advantage.

The Knee

Ordinarily, the knee-joint fulfils its functions of weight-bearing, of walking, and of running, with perfect ease. But in the heavy mechanical strain necessitated by our modern life, and in the strenuous games which are no longer indulged in alone by the few but are almost universal, the knee-joint is subjected to strains and twists, to tests and weights which it was seldom called upon to meet in a less arduous age. A very slight knowledge of its structure will explain its liability to injury under undue strain. The double rounded head of the thigh-bone rests on two shallow cavities at the top of the leg-bone. Two little cushions, the semilunars, one in each of these cavities, receive the end of the thigh-bone, and the whole structure is strongly bound together by strong ligaments. As an additional protection, the patella guards the joint in front.

A 'slipped semilunar cartilage' is one of the commonest of injuries, and so frequently does this occur at football that it is often known as 'football knee'. This game provides, by reason of the sudden side-attacks, the necessary twists and turns, many opportunities for producing the injury. It is true that tennis as a game comes in a good second, but the football field produces by far the greater number.

Whatever the cause, the result as an injury to the knee is the same. The ligaments are either stretched or torn and the semilunar cartilages, one or both, are displaced. They 'slip' from their normal position and give rise to immediate pain and inability to move with any comfort. The old orthodox treatment of

such a condition was one of masterly inactivity. Rest was advised as a panacea and a certain cure. But, unhappily, rest did not effect a cure. Frequently, after weeks of rest in bed or on a couch, when the pain and swelling had subsided, the patient essayed a return to normal, and was conscious of a weakness and an ever-present feeling of insecurity in the limb. On the slightest provocation, such as a mild side-slip in the street, all the old symptoms returned. Orthodoxy shook its head and said it feared nothing would do but the removal of the cartilage by operation. As a matter of fact many cartilages were so removed, and although this frequently proved successful, it was not always so. Many lifelong limps testify to the failures.

Long ago the osteopathic teaching was that such cases should not be 'left to Nature'; at any rate, that Nature should not be relied on to do everything herself, but should be assisted to establish the repair. Skilled fingers soon became accustomed to locate the displaced cartilage, and once located skilled manipulations returned the cartilage to its rightful position. Recovery was either instantaneous or, where the condition had lasted for some time, was much more rapid and much more certain than by the method of trusting to rest. Moreover, the tendency to recurrence of the 'slipping' of the cartilage was reduced to a minimum. I have said that this has been the practice of osteopathy since 'long ago'. I will be more exact and say that Dr. Still discovered and practised this method more than seventy years ago. In osteopathic practice it is one of the commonplaces of everyday treatment. Incidentally, much of the success of the empirical 'bone-setter' which has won him popular favour has been gained through this particular trouble, and few others are within his range.

The joints of the foot have to perform many

varieties of movement. Not only has the foot to bear a greater weight than the knee, but it has other and more complicated duties to perform.

The Foot

The simple back and fore movement of the knee-joint would serve poorly to fulfil the necessities of the foot. Much of the grace of the body depends on its flexibility. The adaptation to all the varied movements of the spinal column is the province of the foot, and perhaps the many and varied activities it is called on to show can be best illustrated by watching the gyrations of any couple in a modern ball-room.

Like the spine, the foot is composed of a number of small bones, dovetailed together to form two longitudinal arches (an outer weightbearing and an inner flexible arch), and a series of transverse arches welded together at their joints by strong and powerful ligaments. The longitudinal and transverse arches are at right angles to each other. The longer arches run from the heel to the toes. Unquestionably, primitive man was intended to move and have his being on a more natural surface than the parquet of our drawing-rooms or the unyielding granite of our streets. The springy turf, the yielding sand, are much less trying to these natural arches than modern 'setts' and settings. It is little wonder then that here at least Nature's provision occasionally breaks down and the foot finds itself unable to cope with difficulties it was never intended to encounter. What takes place is that, owing to the constant impact of a great weight on an unyielding surface, borne alone by these two arches, they are insufficient to bear the strain. The short, strong ligaments which bind the little bones together are stretched, grow flabby, and allow the bones to sink and lose their position in the arch.

This condition is known generally, though not often

correctly, as 'flat foot,' and when we realize that waiters, shop-assistants, postmen, policemen, and all whose vocations necessitate much standing or walking, are the most commonly afflicted with this trouble, it is not difficult to reason backwards and understand the why and the wherefore. The first indication is an obvious and objective one—the longitudinal arch falls, becomes flat and unsightly. Then follow subjective symptoms, pain and an unwillingness to use the foot where formerly its use gave no thought. Walking, after a short distance, is painful; dancing, besides being ungainly to the looker-on, becomes anything but a pleasure to the principal or his partner. And so gradually this apparently simple trouble assumes a very important and far-reaching handicap in the life of the unfortunate individual.

John Martin Hiss, B.Sc., D.O., M.D., of Columbus, Ohio, one of our leading technicians, says in an article on Osteopathy and Foot Treatment: 'The feet are the most neglected part of the human body. This neglect is due to carelessness on the part of the patients themselves, and to the lack of any scientific knowledge on feet. . . . It seems to be rather undignified for the medical orthopedists to treat people's feet. Their usual superficial examination, freak shoes, and arch supports are worse than nothing. I want to add right here that the osteopathic physician is the most logical person to attend to foot trouble. Probably the sum total of pain from ailing feet is greater than that from all other diseases combined.'

According to Dr. Hiss at least three out of every four adults in the United States are suffering from it. He calculates that the average person walking a mile places an aggregate weight of 250 tons on his feet, and that relative to their size, the feet do more work than any other part of the body. It is

conservative (in the opinion of this authority) to say that seventy-five per cent of the people have broken arches. Sixty per cent of these have normally high arches, thirty per cent have arches that have lowered somewhat, and only ten per cent have three per cent flat feet.

'The paradoxical thing about it all (says Dr. Hiss) is that the high-arched individuals suffer the most pain, and, as has been stated before, they constitute the majority of cases; flat-footers, as a rule, suffer very little. We can see immediately that flat footedness has nothing to do with pain, and that foot imprints tell us little or nothing regarding the condition of the person. It must also be remembered that patients may have broken arches without pain. Foot strain and limited foot action are the real causes of symptoms. Broken arches are the result of injury to the feet. The most common and almost universal form of injury is the moulding of the feet out of line with straight shoes that have poor last proportions. This type of shoe will prohibit free exercise of the foot, thereby weakening the muscles and impeding normal circulation. Now with the foot weakened and the main inner arch thrown out of line, any misstep, sprain or injury will precipitate serious trouble. With a mal-alignment of the feet and strain of the arches the centre of gravity up the leg is changed, which results in strain of muscles and joints and pressure irritation of the nerves. Furthermore, these pains arising from broken arches are also aggravated by weather changes the same as so-called rheumatism.'

Therefore any inflammatory conditions of the lower limbs such as inflammation of the joints or neuritis, or pains in the muscles, which have been classed by the lay person as rheumatism, call for a careful examination of the feet. As already explained, however, often spinal lesions through their associated nerve supply

affect the musculature and circulation to both the upper and lower extremities, and *vice versa* any irritation in the feet causing faulty walking or affecting the centre of gravity, may produce secondary spinal lesions. Hence the importance of making a thorough examination of the feet before beginning any spinal treatment.

Nothing has demonstrated the hopelessness of orthodoxy so much as the treatment adopted for these conditions. Special boots, artificial steel arches, and other mechanical devices are designed to counteract the falling arch. For a time relief may be experienced, though as often as not these artificial aids add to the discomfort. The whole idea is wrong. An artificial leg does not restore the lost limb, nor does an artificial arch restore the fallen arch. All that Nature requires is to be met half-way. Manipulation by osteopathic methods is capable of restoring the bones to their rightful positions. Exercises appropriately employed restore the lost strength to the ligaments, and once again the foot reverts to its original shapeliness and its normal capacity for work without pain. This also has been one of the osteopathic practices for many decades past.

It may not be out of place to point out here the troubles that ensue from the wearing of high heels and pointed shoes. It is a vagary of fashion which some day will be referred to as being as incomprehensible as the Chinese mode of compressing the foot is to Americans and Europeans to-day. High heels tilt the toes forward, throwing the big toes out of line. Pointed toes complete the foolishness. Bunions develop on the joints of the great toes, compression of the smaller toes leads to a claw-like position which gradually becomes fixed. A mincing, unnatural gait replaces the free stride

High Heels and Pointed Shoes

which Nature intended and which we so admire in all native races. Should this condition exist for any length of time, manipulation may do something to restore a healthy condition. But manipulative treatment applied late has its limits ; in the earlier stages, when the beginnings of the trouble show themselves, osteopathic treatment will almost invariably result in complete cure.

The Joints of the Upper Extremity

Great mobility is the outstanding need of the joints of the upper limb. The strength to bear weight, which is required in the thigh, leg, and foot, is not so essential for the arm and forearm. Extreme mobility is their need and aim. It follows that, whilst in the lower limb, most of the troubles come from the subjection of the joints to excessive weight, the troubles of the arm and forearm result from an excessive use or abuse of their faculty of mobility.

The Elbow

Flexion and extension are the main functions of the elbow-joint, and for these objects Nature has provided a perfect hinge-joint. The two bones of the forearm are connected with the humerus (or arm-bone) in such a way that they can be bent completely on the latter bone. Movement the other way—that is, backwards—is limited by a projection at the back of one of the forearm bones, which fits into a cup-like depression in the humerus on its posterior aspect. This allows complete flexion of the forearm, but limits extension. Were these the only movements required of the forearm it would be the most stable joint in the body and would have fewer disarrangements than any of the others. But a forearm that could not twist and rotate would be of little use to us, and so another factor is introduced, for which a further mechanism is provided, allowing the movement known as rotation.

It is this twisting movement, carried to excess, which is responsible for almost every injury the joint sustains. I exclude, of course, all injuries resulting from such forcible accidents as cause definite fractures. The abnormal use of the movement of rotation of the forearm causes a stretching and sometimes a tearing of the ligaments, resulting in pain and an incapacity to perform the usual functions.

'Tennis Elbow', so-called, is the best known injury of this joint. The movements, as complicated and almost as strenuous as in football, implicate the elbow-joint especially, although to a lesser degree the strain on the knee is also excessive. Here again orthodoxy has hitherto failed to treat successfully a condition which osteopaths find no difficulty in meeting and conquering. 'Rest'—that blessed word—is usually invoked to cure the strain. Unquestionably, rest eases the pain, but in the process a worse condition ensues. All joints, if unused, become subject to fixation—some joints more readily than others. In the elbow-joint this is notoriously the case, and when the orthodox 'cure' is complete and all pain gone the patient finds the movement of his joint restricted in one or more directions. It may be in flexion or it may be in rotation or in both. Nothing is such a handicap in daily life as restricted elbow-joint movements. It meets us, this disability, at every turn. To combat the new evil an operation is suggested—'breaking down the adhesions'; but as often as not the patient prefers to bear the evil he knows than to take the risk of possibly worse evils ahead. And so it becomes a permanent handicap. In cases such as these, manipulative treatment, undertaken early, will both avert weary weeks of enforced rest and will save the patient from a possibly permanent disability.

Tennis Elbow

Simple dislocations at the shoulder-joint are very

common. The ball-head of the arm-bone is frequently forced through the ligaments which normally retain it in the shallow cup of the shoulder-blade. This is a much commoner accident than dislocation of the corresponding joint of the hip. Nor is there much to say of the treatment of the actual dislocation from an osteopathic point of view. The medical profession has learned through bitterness what the unorthodox osteopaths have known and practised for decades—that in this joint especially early and skilled manipulative movement is more than half the battle. In the old days it was usual to have permanently restricted function after even a comparatively simple dislocation. Nowadays surgeons have become aware of the dangers of passive treatment, and, thanks to the teaching of our school, the unhappy limitations of badly treated shoulder-joints are seldom met with.

The Shoulder-Joint

But they have not quite learned the whole lesson we can teach them! There is a little sac of fluid situated just on top of the shoulder-joint which is designed to facilitate the movement of important tendons intimately associated with the movements of the joint. This little sac is prone to be the seat of inflammation, especially in those who go in for strenuous exercise involving the muscles of the shoulder. When so inflamed it is painful and the movements of the joint are voluntarily restricted. The usual erroneous procedure is to encourage the patient to keep the whole limb at rest in the hope that the inflammatory condition will disappear. Sometimes the pain goes, but the peculiarity of this particular little sac, or ' bursa ', as it is called, is that it does not react gratefully to the consideration shown to it—but instead of reverting to its normal health it tends to harden or ' calcify '. This becomes very apparent to the patient later on by

the discomfort felt, even if movement is free in the joint. The truth is that the hardened little sac of what was once a helpful lubricant is now a solid and irritating foreign body. Early manipulative treatment, specially directed towards keeping this bursa in a healthy condition while the joint is recovering from its injury, is the special province of the osteopath.

Not only is the process of repair of joints complicated by the presence of definite and special bursae, but all joints in the inflammatory condition associated with joint injuries are apt to throw out fluid. Unless early skilled movement is included as a part of treatment, adhesions—bands of organized lymph—are apt to form and result in definite pain in certain movements. Much can be done to prevent these limiting adhesions forming, and a great deal can be done to get rid of them, when formed, by intelligent manipulation.

It may be remarked that most of the success enjoyed by bone-setters in public esteem is due to their ability to break down adhesions. It must be added, however, that the bone-setter's technique is of very localized application, whereas the osteopathic manipulations are part of a general therapy applicable to all diseases. It should be borne in mind that osteopathy has an entirely new outlook on the question of human ailments. To us ' anatomy ' and ' physiology ' are not mere subjects for theoretical and academic discussion ; we have a new interpretation of anatomical, physiological, bacteriological, and pathological conditions which cannot be learned in any orthodox medical school. Osteopathic theory is not restricted in its application to the direct influences of bony lesions ; there are reflexes of a most important nature which have to be taken into account. Whilst injury in the upper dorsal area of the spine may cause circulatory or

digestive disturbances, it is equally true (though not so obviously so) that long-continued abuse or inefficiency of one of the viscera (for instance, the stomach) may produce a spinal lesion.

CHAPTER VIII

THE OSTEOPATH AS SPECIALIST

THOUGH by far the younger of the two great branches of the healing profession, osteopathy has shown from the first a vigorous vitality which has not only caused it to grow in influence, but has also enabled it to produce numerous specialized forms of practice. It is natural that this should be so, for if the general principles of osteopathy as a science have been successfully applied to everyday illnesses, then those same principles when applied to the narrower but more intensively developed fields of medicine should produce equally good effects. As a matter of fact, some of the most brilliant osteopathic results are to-day being attained in certain specialized fields of healing. Because this science is fundamentally true, the intensive application of it which is necessary in the field of the specialties has brought about results which the older school cannot ignore, but still unbelievingly label as impossible, because to-day these results *are* to them impossible.

A Healing Science is Specialized, that the Problem of Health may be Simplified

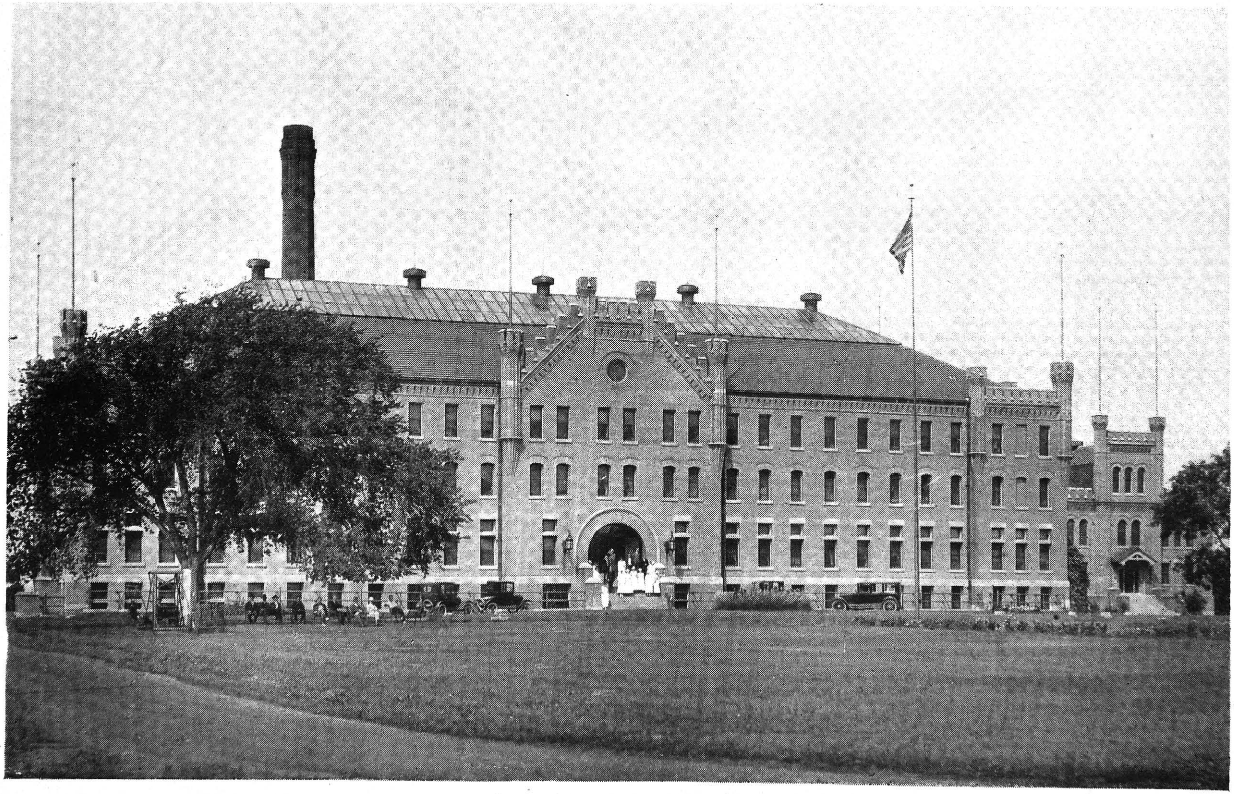
The most important specialties which are now embraced by osteopathic technique are as follow :

Orthopedics.
Nervous and Mental Diseases.
Gynaecology, or Women's Diseases.
Pediatrics, or Children's Diseases.
Specialized Clinic Groups and Sanatoria.
Eye, Ear, Nose, and Throat.

Orthopedics, the Oldest Child of its Youthful Parent Osteopathy

Orthopedics, or the specialty which deals with the diseases and injuries of bones and joints, was the first engaged in by the osteopathic physician. This came about as a natural development, for in his daily work the osteopath was constantly dealing with small deviations or subluxations of bony structure, and consequently would be readily disposed to deal with the larger luxations, such as dislocations and fractures, which go to make up a great part of orthopedic practice. Here his intimate knowledge of the structure and function of joints and their surrounding ligamentous, tendonous, and muscular fittings made him ideally qualified to deal with them in a constructive manner. Indeed, the medically-trained orthopedist finds that he has to forget his prescription-pad and learn to think mechanically instead of chemically, and to establish contact with his finger-tips if he wishes to treat successfully these structural troubles of the body. The first osteopath to make a reputation for himself in this line was Dr. George Laughlin (son-in-law of Dr. A. T. Still, the founder of the osteopathic science), surgeon-in-chief to the original school of osteopathy. Presented with endless orthopedic cases in the clinic which he directed, Dr. Laughlin soon discovered that osteopathically-trained fingers seemed to be exactly fitted for handling these cases. To-day he has a wide reputation for his skilful reconstructive work along orthopedic lines, and his reduction of a congenital dislocation of the hip of a girl of sixteen constitutes a world record for this bloodless operation. In addition, he has developed certain clever operations for the relief of the deformities produced by that dreaded scourge, infantile paralysis.

Another noted osteopath on the western coast of America has perfected a unique operation for the



THE STILL-HILDRETH OSTEOPATHIC SANATORIUM

radical cure of *hallux valgus*, or bunions, which is recognized as being superior to the old classical operation, which, after all, is hardly better than an amputation, and is often in the long run ineffective. But if brilliant results have been achieved in this field, other fields have also yielded responsively to the basic truth of osteopathy.

A vital Discovery: Mental Disorders are found to have a Physical Basis

Some seventeen years ago Dr. A. G. Hildreth, of St. Louis, noting the success with which osteopathy dealt with the milder forms of nervous disorders, decided to investigate this field more thoroughly. For this purpose he secured control of a beautiful property at Macon, Missouri, which had formerly been used as a military school. He confided his ideas to Dr. Still, and here these two pioneers in osteopathy founded Macon Sanatorium for the exclusive osteopathic care and treatment of nervous and mental diseases. Dr. L. van H. Gerdine, a highly-trained medical specialist, now president of the College of Osteopathic Physicians and Surgeons in California, who has done so much for osteopathy on the Pacific coast, was associated with the enterprise as diagnostician. All sorts of cases were accepted, including the so-called hopeless forms of insanity that had formerly simply been locked away in asylums where they might be forgotten by all the world, save only by their ever-sorrowing families.

Careful diagnosis was first insisted upon, and in any case of doubt this was confirmed by an independent practitioner, and then the new treatment was instituted. All the cases admitted were noted, the diagnosis made, and the results tabulated. Even in so short a period, a few cures were discovered. Good, bad, and indifferent results were all put together and published, and it became apparent that in the very

worst forms of insanity as high as fifty per cent of the cases were being cured and restored to a normal and useful life. The milder forms of neuroses and psychoses showed even more encouraging results. This was all far beyond expectation—far beyond anything that had been done before. People came to this institution from all parts of the world, and so a new osteopathic specialty was born.

Women's Diseases and Osteopathy

Without a doubt one of the most useful of the osteopathic specialties is that of gynaecology and obstetrics, which has to do with the diseases and conditions peculiar to women. While the process of childbirth is a perfectly natural one it is also very complex. Our present complicated civilization interferes greatly with what should be a quite normal affair. The result is that the organs responsible easily become deranged and diseased. The life of every woman undergoes three phases of changing function. Briefly these occur as she passes from adolescence to womanhood, while she is bearing children,[1] and when the active child-bearing stage ceases. At these critical periods osteopathic treatment is of great assistance in helping to make the transitions easy and normal. In so doing it prevents many of the troubles that often otherwise arise. As an example, certain forms of cancer undoubtedly have their beginnings in tissues which fail completely to effect the physiological changes required at these times of stress. Indeed, it is said that over half the operations performed on women are incurred by reason of diseases of the reproductive organs. Certainly more than half the practice of many physicians is devoted to the alleviation of troubles peculiar to women.

[1] Mrs. Montieth Erskine, the author of *Sex at Choice* and other works, finds in osteopathic principles the probable explanation of her theories of Sex Control.

It was early discovered that osteopathic treatment, when once the physical causes of these ailments had been found, readily relieved them, and as a result a class of osteopathic specialists has arisen who do nothing but minister to the woes of womanhood ; and when the physical cause of the trouble is found and then skilfully treated a recurrence of it is rarely experienced. In every city of importance there are osteopaths who have been able to create practices exclusively devoted to the rebuilding of good health for women. As a result of this several institutions have been founded for the care of the more difficult and serious cases of this class of work.

The osteopathic practice of obstetrics, or the care of childbirth, has done much to make this primary function of motherhood the natural, easy, and free-from-danger process it was originally meant to be. The results that may be attained without the use of drugs and other artificial aids are truly surprising. Undoubtedly as the mother gains by this sort of care, how much greater is the benefit brought to the child born under such happier circumstances !

A certain Staff for uncertain Childhood

Another closely allied specialty is that which has to do with the diseases of childhood. The young active constitution responds immediately to any natural means of correction and adjustment, and upon this foundation osteopathy has created a method of treating the troubles of childhood which is far superior to anything hitherto known. Take, for instance, the infection of infantile paralysis. When the osteopath is called to see this condition in the early stages his skilful treatment directed to the establishment of improved blood nutrition and drainage of the nerve centres in the spinal cord, where the disease originates, often largely prevents the distressing muscular paralysis which is

the usual after-effect of this terrible foe of childhood. In this way the marked deformities and disabilities that usually mar the sufferer for life, and that present one of the most difficult problems with which orthopedics has to deal, are often entirely obviated, and the child grows into after-life without any realization that at one time he lay under the cloud of poliomyelitis.

The acute fevers of childhood answer readily to osteopathic treatment, and besides shortening and making easier the period of convalescence, undoubtedly the most important result of this treatment is the tendency to avert the chronic after-effects of such conditions as measles, mumps, scarlet-fever, and whooping-cough, not to mention others. Thus, the weakened eyes, the damaged heart, the weakened constitutional resistance to infection may all be avoided if the treatment of the original condition is directed by one who is learned and versed in the methods of structural diagnosis and manipulation.

Deafness

Among the many specialized applications of osteopathic principles in which successes have been won that are quite beyond the reach of ordinary medical practice the osteopathic treatment for deafness holds a premier place. Under the title of 'Constructive Finger Surgery' a highly developed technique has been evolved for the cure of this distressing malady and allied affections, and as it is one that illustrates very clearly the difference between osteopathy and orthodox medicine and surgery it will be described somewhat in detail.

This distinctive osteopathic method involves no recourse to drugs or to surgical instruments. Only the skilled fingers of the osteopath are used. The treatment is safe, sane, and simple when it is given by a qualified osteopath who has specialized in this

particular technique. No injury to the patient can result from the treatment, and there is not the remotest danger of causing an intensification of the disorder, as too often happens when the recognized methods of the regular medical practitioner are employed in dealing with the conditions in the throat, nose, sinuses, eustachian tubes, and middle ear, which in the vast majority of cases are responsible for deafness.

Influence of Concomitant Troubles

Inflammation or catarrh of the eustachian tube may be due to various infections spreading from the nose and throat and arising from colds in the head; fevers, such as measles, diphtheria, or influenza; and also from adenoids, enlarged tonsils, deflected septum of the nose and enlarged turbinate bones. The two latter often cause chronic inflammation and swelling of the lining membrane of the nose, resulting in restricted ventilation and drainage of the accessory sinuses and a general subacute catarrh with great tendency to catch 'cold in the head'. Nasal obstruction from any of these sources is also a causative factor in the production of *hay fever*.

Thorough Examination Advisable

As in most other forms of disease, a searching examination of existing conditions and localization of possible sources of infection must always be the prelude to successful treatment. The nostrils and naso-pharynx (*i.e.* the back part of the throat above the soft palate), are examined for any abnormal conditions or evidence of obstruction, and, where necessary, the face is trans-illuminated to discover possible infection of the cavities and sinuses which communicate with the nose. The tonsils and supratonsillar regions are inspected for any possible abnormality or source of infection, such as chronically enlarged tonsils showing evidences of old ulcerations, or the presence of crypts, which often

contain purulent matter and are liable not only to infect the eustachian tubes, but also to become a source of danger to the whole body owing to the absorption into the system of any pus hidden within these small cavities.

Often the heart, kidneys, blood, and nervous system also have to be examined, as in a number of cases defects in one of the above may be predisposing but not determining factors in deafness. Of equal importance, a critical examination has to be made of the teeth and gums, which are frequently a cause of septic infection, either local or general. But first and foremost among these predisposing causes is the osteopathic spinal lesion, which, if present, especially in the cervical or upper dorsal regions, may cause disturbances of the nerve and blood supply in the tissues of the nose, ear, and pharynx.

A review of one's intimate friends will at once disclose how very common it is to find people who admit, in the most casual manner, that they suffer from slight deafness and must seek advice. Unfortunately for themselves this excellent resolution generally fails to take effect until the disease has already made considerable headway, and consequently the necessary treatment is rendered more difficult and lengthy, for it hardly needs to be stated that the nature and duration of the treatment must in every case be governed by the degree of disease and the length of its duration. There are, however, many conditions of the nasal and allied structures that, besides being unpleasant in themselves, constitute the first stages of disease and deafness. Such conditions can usually be remedied and resultant danger obviated by comparatively short *preventive* treatment. If, however, the specialist is not consulted until the disease has matured, then remedial treatment has to be undertaken.

It may not be out of place here to give some

indication of the amount of success with which these operations are likely to be attended. Where only a slight degree of inflammatory process is present in the eustachian tube and the complaint is not of considerable standing, a complete cure can be effected in most cases and at least a permanent improvement in practically every instance. More advanced cases of this type can be treated with almost equal success.

What Finger Surgery Can Do

Where, however, the inflammation has been allowed to become severe, with blocking and possible stenosis of the eustachian tube (a condition which may be complicated by the extension of the catarrh to the middle ear, thus involving the ossicles or small bones) the possibilities of a *complete cure* must be very remote, as it is almost certain that the mechanism essential to hearing will have been partially destroyed. While the hope of complete cure in such cases is so very slender considerable improvement may generally be anticipated, and treatment at this stage becomes even more necessary, for (although outside the scope of this present chapter) it should be understood that the possibilities and dangers of middle-ear disease extend far beyond deafness.

PART III

EDUCATING THE PUBLIC

PART III

EDUCATING THE PUBLIC

CHAPTER IX

EDUCATION AND PROPAGANDA

LIKE every other new thing, osteopathy has not achieved recognition and acceptance without a struggle. It has had to fight for its place in the world. It has encountered opposition from reactionary and obscurantist forces which have no welcome to give to new doctrines and methods if these appear to threaten their ascendancy or to invade their monopoly. From its inception, more than half a century ago, osteopathy has necessarily had to carry on a continuous propaganda for the education of the public and the conversion of the sceptic. It has done this mainly by means of the written word: books, pamphlets, and periodicals have been poured in a steady stream for many years, and they have undoubtedly done much to establish the new system of healing.

Osteopathy Unwelcome

Methods of this description were useful in the country where osteopathy originated—the United States of America, and where a popular interest centred in the vigorous and challenging personality of its founder, Andrew T. Still. Other measures, however, were required to further the advancement of osteopathy in Britain, where, until quite recent years, the very word

Especially Unwelcome in Britain

was unknown to the general public and where orthodox medicine was impregnably entrenched behind Acts of Parliament, which conferred upon the General Medical Council autocratic powers for the control and regulation of the healing art. In this and subsequent chapters I will endeavour to describe the efforts that have been made to secure recognition and legal regulation of osteopathy in Britain. In doing so I must perforce abandon the impersonal attitude I have maintained in earlier chapters. Under the stress of the strong desire I have felt for many years to see osteopathy placed on a footing of complete legal equality with orthodox medicine I have taken a rather active part in propaganda and education intended to win a wide popular recognition of this new system of healing. The methods I have adopted in furtherance of this aim have not always had the endorsement even of my fellow-practitioners, who stand, as I do, outside the law in respect of our practice as healers. But I am constrained to defend my propaganda on the ground that the conditions existing in Britain as they affect the (so-called) 'irregular' practitioners required exceptional measures.

The means I have employed to make the claims of the osteopath more widely known I believe to have been justified by the results obtained. They have, at any rate, called public attention to the existence of this new school of healing, and have demonstrated the prevalence of anomalies in the law governing the practice of medicine and surgery in Britain which, as a matter of public policy, ought to be ventilated. It is, for example, quite absurd that Midwifery and Dentistry should be the only two professions apart from the registered medical and surgical practitioners whose practice is prohibited except to those who are registered; roughly speaking there are about eight thousand dentists, whose qualifications for practising this specialty of medicine are negligible. And if, so far as the

dentists are concerned, there are those who are neither qualified by training nor fitted by experience to decide whether an infected or dead tooth should be removed, what need one say about the qualifications of the midwives? Yet these are the only two classes of practitioner (other than the orthodox physicians and surgeons) who are regarded as qualified to deal with the human body. In dealing with cases of focal infection and the various diseases arising from it, my experience is that the one practitioner who is least qualified to say whether the teeth should be extracted is the average dentist. Yet he is held to be competent to decide, by an inspection of the teeth, whether the infection is attributable to them. I am prepared, nevertheless, to endorse the view expressed by a distinguished dental practitioner who points out [1] that 'taking into consideration the condition of the masses of the population of this country, and the conditions under which dentistry is practised, bad as they are, the poorer people are receiving more common-sense, sound dental treatment than the richer. *The richer have their dead, diseased teeth repaired and preserved in their mouths, to the inevitable detriment of their health, while the poorer people have theirs pulled out, and replaced by full dentures at an early age.*

Dentists and midwives secured the privilege of separate registration primarily with the object of reassuring patients that they were competent and qualified persons for their class of operation; but registration has given them a status, alongside the medical practitioner, to which they are not genuinely entitled, by reason of any training they receive to qualify them for diagnosing and treating disease in general.

Yet the orthodox school, whilst it defends the position of the dentist and midwife, is opposed to

[1] Alonzo Milton Nodine, D.D.S., L.D.S., R.C.S.(Eng.), in *The Dental Surgeon*, November 14, 1925. The italics are mine.

recognition of the fully qualified osteopath, who is, by reason of his preliminary and professional training, competent to diagnose and treat disease on an equal footing with the orthodox practitioners of this country.

Early Beginnings

Let me begin by explaining the osteopath's present position. When I started in practice as an osteopath, twenty-two years ago, in Scotland, the new system was almost unknown on this side of the Atlantic; there were not half a dozen osteopaths in all Europe. Manipulative surgery was represented only by the bone-setters. There was, it is true, a system of mechano-therapy, known as the 'Swedish Movement Cure', originated by a Swedish poet and linguist, Peter Henrik Ling, which had obtained some measure of success in northern Europe. This was a system of medical gymnastics. In the first quarter of the nineteenth century Ling secured, in the face of strong opposition from orthodox medical practitioners, a considerable degree of recognition for the system which, in its later phases, developed as a substitute for drug-therapy. But the medico-mechanical gymnastics formulated by Ling and his associates, though avowedly based on a study of anatomy and physiology, had acquired very little vogue among medical men outside the country of its origin at the time when the pioneers of osteopathy in Europe made their first challenge to the reigning school of therapy. Swedish gymnastics were as much a pedagogical, military, and aesthetic cult as a medical one, concerned rather with the maintenance of a high degree of physical fitness by appropriate exercises and movements than with the cure of disease. They began with the body in health and aimed at maintaining it in perfect condition by physical culture, and the exercises were not claimed to be a substitute for any other forms of medical treatment of bodily ailments until a

comparatively late stage had been reached in the development of the idea of mechanical therapeutics.

Ling's System

In the history of medicine Ling's system of medical gymnastics constitutes an interesting chapter. It is possible that it had some influence on the mind of the founder of osteopathy, for Dr. Still might have read early in the 'sixties of last century an exposition of the Swedish movement cure, published by a New York physician, Dr. George H. Taylor, in 1861. But the fundamental principles and characteristic technique formulated by Dr. Still, as I have endeavoured to show in earlier chapters, were based on a theory regarding the origin of disease which is entitled to be regarded as an original discovery, and which later scientific research has tended strongly to fortify and confirm.

Osteopathy in Scotland

However this may be, it is certain that when I started my practice in Scotland over a score of years ago neither the public at large nor the medical profession itself had any interest in, or inkling of the possibilities of, treating disease by other methods than the administration or injection of drugs, or by surgical excisions. Bone-setters, on the one hand, and regular medical practitioners on the other, though they regarded one another with scorn and contempt, were at one in their indifference to the claims of the osteopath. It remained for the public to discover by actual experience that osteopathy offered a radically different theory as to the causation of disease and a new method of treating its various manifestations. Slowly the idea that osteopathy as a system of drugless medicine and bloodless surgery had something to say for itself, and positive cures to present as substantive testimony to the validity of its theoretical principles, spread among the public; and

gradually the number of practising osteopaths multiplied in Britain.

The Call to Arms

For many years I was content to pursue my personal practice without being conscious of any imperative obligation to interest myself in propaganda and education on behalf of my chosen calling. It was not until I became aware of the confusion existing in the public mind as to the difference between osteopathy, bone-setting, and chiropractic that I began to consider the necessity of engaging in educational work. My practice was by then well established and occupied all my time. But I was forced to realize that osteopathy must be clearly dissociated in the minds of the public from bone-setting and chiropractic before its practitioners could hope to attain the same degree of recognition and repute in Britain that they had by this time won in most of the American States.

Why I Felt Bound to Fight

Accordingly, I gave consideration to the best method of drawing public attention to osteopathy as an independent and scientifically formulated system of bloodless surgery and drugless medicine. It appeared to me that it was necessary to demonstrate the osteopathic technique in its most highly developed and specialized form, in order to show that it was much more than an empirical treatment of bone troubles. It seemed to me to be desirable to show that osteopathy was as effective in dealing with diseases of the eye, ear, nose, and throat as with the disorders resulting from the more obvious impairments of the body's structural integrity. For years I had been specially interested in the group of ailments connected with these organs, and particularly with the treatment of deafness by the osteopathic method known as 'Constructive Finger Surgery', described briefly in

a previous chapter.[1] In casting about for a legitimate method of calling public attention to osteopathy as a new system of healing I decided as a first step to demonstrate the osteopathic technique for this group of diseases with especial reference to deafness.

Why I Chose Deafness as a Platform

One reason for this choice of special treatment was my conviction that deafness is a much more prevalent and distressing malady than is generally realized. Statistics are available to show how widely deafness prevails among the general population. A recent report of the National Institute for the Deaf states that nearly one-third of the adult population of Britain suffer from some defect in hearing and forty thousand of these have been deaf from birth or early infancy. The time to fight against deafness is before it begins. In other words, most deafness in adults is due to neglected treatment of children's diseases. Modern developments make it possible to detect deafness before the sufferer is himself aware of the existence of the defect.

There is no such provision for registering the deaf as has been provided for the blind, but the figures published by the Board of Education also prove that the malady is widespread. More than six thousand school children, for example, are receiving attention for complete or partial deafness in the certified special schools or public elementary schools of Britain, and more than twice that number are in attendance at the special schools for the deaf in the United States. My experience as a practitioner leads me to say that a very high percentage of people suffer from deafness—probably as many as one in ten—largely due to neglect in childhood. Most of the readers of this book—probably all if they think for a

[1] Cf. Chapter VIII.

moment—can number several deaf or partially deaf people among their friends and acquaintances.

Deafness has a Universal Appeal

Deafness, moreover, is peculiarly a malady that troubles not only the afflicted person but those who come into contact with the sufferer. For that reason, among others, I felt assured that a large public would take an active and sympathetic interest in the test I proposed to offer of the methods of osteopathic finger surgery in treating deafness. In 1923, therefore, I decided to visit the United States to enlist the co-operation of the most distinguished aural specialist engaged in treating deafness by osteopathic methods and to arrange with him to visit Britain in order to demonstrate publicly that deafness can be dealt with successfully by the new treatment. I found my collaborator in the person of Dr. C. Paul Snyder, a well-known osteopathic specialist of Philadelphia, and as my guest Dr. Snyder visited Britain in 1924 to demonstrate to the British public the benefits of constructive finger surgery in the treatment of acquired and congenital deafness.

Demonstration in Glasgow

The first demonstrations were arranged to take place in Glasgow, in the presence of professional people and representatives of the Press. The procedure adopted was first to make a full explanation of the treatment and then to perform a series of operations on the patients who presented themselves for treatment. A careful examination and test were made of each person, an anaesthetic was administered, and the operation was then performed in full view of the company. As soon as the patient recovered from the anaesthetic the tests for hearing were again applied, and those present were in a position to judge for themselves the actual results of the treatment. Many strikingly successful results were obtained.

Patients who before the operation could hear the tests at a distance of only a few inches were able to hear after treatment at a distance of fifteen or twenty feet. It was explained that most of the cases submitted for treatment were those of acquired deafness caused by deformity or derangement of the eustachian tubes. It was pointed out that where deafness was caused by septic conditions in the throat, mouth, and nose—a very frequent cause of deafness—the orthodox treatment, taking the form of an attempt to clear a passage through the eustachian tubes by means of a flexible tube and bulb, merely spread the infection and damaged the delicate mechanism of the ear ; whilst the osteopathic operation, on the other hand, took the form of a skilful removal of the adhesions and obstructions in the eustachian tubes by the operator's fingers. Other details of the operation were explained in popular language, and the audience was enabled to understand the procedure by which the remarkable results witnessed were actually obtained.

I Establish the First Free Clinic

Interest excited by these demonstrations in Scotland grew to such an extent that I decided to establish, with the assistance of Dr. Snyder, a free clinic at my consulting-rooms in Glasgow, where poorer patients who applied for treatment came in large numbers. The attention given to this work by the Press of Scotland determined me to carry my propaganda a step farther, and in the autumn of 1924 Dr. Snyder and I arranged a series of similar demonstrations in London, where I established consulting-rooms. The demonstrations, which took place at the Hotel Cecil, were attended by a large number of people prominent in public life and by representatives of the Press. The same procedure as in Glasgow was followed in London : the tests were, if anything, more exacting and the conditions more onerous ; but the results

obtained in the actual operations were even more impressive, and as a consequence of the Press reports a wider recognition was secured for osteopathy as a new method and principle of healing. From a mass of newspaper reports the following may be selected as testimony to the interest taken in the London demonstrations :

Finger Surgery

OPERATIONS ON DEAF PERSONS

An interesting private demonstration of the treatment of deafness by osteopathic finger surgery was given yesterday at the Hotel Cecil by Dr. Cecil Paul Snyder, who has acquired a reputation throughout America for his method of treatment of deafness and other troubles.

Mr. 'Pussyfoot' Johnson was one of a large company who watched Dr. Snyder operate upon three deaf patients. Not one of them had been suffering from the complaint for less than four years, and one complained of having endured progressive deafness for the past six years.

After a few preliminary tests to demonstrate the condition of the subject, the patient was asked to lie upon the operating table. A gag was introduced between the teeth, a mild anaesthetic administered, and at the first sign of unconsciousness Dr. Snyder manipulated inside the mouth with his finger for just a few seconds. In another five seconds the patient was sitting up and the result of the operation being tested.

In each case the hearing was proved better than before the operation. The best result appeared to have been obtained with the patient who had suffered deafness for six years. Before receiving attention from Dr. Snyder the hearing of one ear was limited to a range of only two inches. After the operation he confessed to hearing a faintly clicked acumeter at a distance of thirty-one inches.—*Manchester Guardian*, August 21, 1924.

AN OPERATING ROOM IN THE FREE OSTEOPATHIC CLINIC FOR DEAFNESS AT BUSH HOUSE

Osteopathy for the Deaf

A DEMONSTRATION

A demonstration was given in London this week of the merits of osteopathic surgery in relation to the cure of deafness. The exponents are Mr. Wilfrid Streeter, of Upper Brook Street, and Dr. C. Paul Snyder, of Philadelphia. Mr. Streeter has been in practice in Glasgow for some eighteen years in this work, and he has persuaded Dr. Snyder to join him in practising its benefits in London. The treatment at present suffers from the lack of recognition by Parliament, although in the United States every State has passed laws regularising this form of manipulative surgery. The treatment is, of course, not confined to deafness, but at the exhibition given three deaf patients were treated, and the results clearly show that great benefit accrued. Mr. Streeter and Dr. Snyder are very anxious to make known what can be done for those who suffer from deafness. Finger surgery is performed under an anaesthetic, the operation lasting for less than a minute, and those who suffer from this defect would be well advised to meet these gentlemen and have their cases expertly treated.—*Financial News*, August 22, 1924.

Mr. Clement Shorter's Views

O YE OF LITTLE FAITH !—I have lived so long in the world and have seen such marvellous developments of science that I have infinite faith in its further developments for the benefit of humanity. I am suffering from deafness. I go to one aurist ; he tells me that I am incurable, that *Anno Domini* is alone to blame. I go to another—a much younger man—and he promises to cure me : I am going to give him a chance. I refuse to believe but that this engine—our body—can be set right just as a clever engineer can set right the engine of a motor-car. I went the other day to see some experiments by Dr. Cecil Paul Snyder, of Philadelphia, and Mr. Wilfrid A. Streeter, of Boston, at the Hotel Cecil.

These gentlemen are osteopaths, and have built up a big connexion in America, and recently in Glasgow.

There are ten thousand legally qualified osteopathic doctors in the United States, and they are eager to make the practice of osteopathy legal in this country. I think it possible that with the example of Sir Herbert Barker, the bone-setter, before them, they will succeed in time, but I would not like, as a layman, to express an opinion on that point.

THE BOUNDLESS POSSIBILITIES OF SCIENCE

Meanwhile, I hope and believe that the younger generation of medical men have adopted all the science of the osteopaths that is worth acquiring, and I am going to be experimented on by one of the very best of our ear specialists. I will tell my readers the result if I live through the experience. But what can I say to a friend, a man of light and leading in the world of advanced thought, who tells me to submit to things as they are, and says, 'deafness is one of the accompaniments of *Anno Domini*'? I do not agree with him. I once heard Professor Huxley say that all men of science ought to be poleaxed at sixty. It is the real tragedy of old age that it inclines to set bounds to the march of science—and to the march of all ideas—*The Sphere*, August 30, 1924.

Discussion Aroused

Newspaper publicity on such an extensive scale produced several remarkable consequences. One gratifying result was a brisk discussion of the claims of osteopathy in the medical and lay Press.[1] Another and not unexpected sequel was an inundation of letters from all parts of the country from people who were anxious to submit themselves for

[1] Between 1924 and the present date I addressed a large number of letters on various aspects of the controversy to the Press and they appeared in all the leading papers, including such representative journals as *The Spectator, The New Statesman, The Empire Review, Manchester Guardian*, and *Medical Press and Circular*. For the

treatment. Many letters came from people of high social standing who were impressed by the evidence that the new treatment was successful, but there were also many applications from working people who confessed a pathetic anxiety to obtain treatment at a cost within their means. To meet this situation I resolved to adopt the same expedient I had employed in Scotland, and whilst carrying on my private practice I undertook to establish and equip a Free Clinic, at Bush House, in the Strand, where the patients who could not afford to pay the fees for treatment could get such attention as it was in my power single-handed to give them.

In the first ten days no fewer than sixteen hundred patients applied for treatment at the Free Clinic. I was completely overwhelmed with applications, which came literally from all parts of Europe, and from all sorts and conditions of people. As I had no opportunity of enlisting outside help I was compelled, of course, to deal personally with each case, and for three, four, and sometimes five days a week, neglecting my private practice, during many months I grappled with the situation as best I could. It became necessary to discriminate, and from each day's letters a selection was made of the most deserving cases; the applicants were invited to attend the Clinic on a particular day, and it was pointed out to them that, whilst the treatment itself was free, patients living outside the London radius must be prepared to make arrangements, at their own charges, to find temporary lodgings in the metropolis for a week or more, in order to get the full benefit of the treatment. Had it been within my power I would have treated all and sundry, first come, first

benefit of those interested in the details of the controversy I have reprinted the bulk of these letters for private circulation. They constitute a complete refutation of the criticisms directed against osteopathy as a separate system of therapy by the leading representatives of orthodoxy.

served; but it was clearly impossible to do more than provide free treatment. Travelling expenses and the cost of board and lodging in London were for the provincial applicants a serious consideration, towards which, with the best will in the world, I could not give any help. The Clinic involved me in cash expenditure of something like a hundred pounds a month, and I was treating patients at the rate of thirty to forty a day, so that it became clear to me that my resources were not adequate to the need which existed, and some more comprehensive and better organized effort was required to provide proper treatment for the poorer class of deaf persons. Admittedly, I had also a controversial purpose to serve, and, as I shall show, this too had been furthered by my work at the Clinic.

At the end of twelve months I regretfully decided to bring my work at the Free Clinic to a temporary close. I made known my intention in a public announcement, from which I may quote the following:

'That there is a demand for such an institution is amply proven by the numerous applications which have been received from all parts of the world, and the grateful appreciation of those who have received treatment. The intention I had in establishing the Clinic was to bring the treatment within reach of the poorer class of sufferer and to make the osteopathic method of curing deafness more widely known, despite the opposition of the General Medical Council.

Since the Clinic was inaugurated twelve months ago, I have openly demonstrated my methods in conjunction with a registered medical practitioner,[1] and attention was called to this point by Mr. J. Monteith Erskine, M.P., in the House of Commons, on July 8th last. In my opinion the tacit ignoring of this fact by the General Medical Council constitutes in itself a measure of recognition for osteopathy.

Nothing has been kept secret. Members of Parliament,

[1] Dr. Frank Collie.

members of the medical profession, and many leading pressmen have seen the work and approved of the claim made.

Therefore in addition to helping the necessitous poor, other objects for which the Clinic was established have been attained.

For two years I have devoted all my recreation time to the work, and, in the meantime, with this I must be satisfied.'

I felt it was necessary to concentrate my efforts on a more immediate and a more fundamental task. That task, as I conceived it, was to place osteopathy on a firmer foundation in respect of its status in relation to orthodox medicine, and to continue the work of propaganda with the wider object of securing its acceptance as an integral part of the national health services.

Regulation Necessary for Further Progress

My experience at the Free Clinic convinced me that treatment for the deaf is an urgent social need, and that children especially require attention on these lines, but that it is beyond the power of a single practitioner to cope with the problem. An organized and systematic effort must be made, in my opinion, to provide the requisite machinery, in the form of clinics, in all parts of the country. If I am right, as I am sure I am, in estimating that as many as one person in ten can be proved to be suffering from some form of deafness—most of the cases being curable, and all of them preventable if taken in time—the nature of the problem becomes apparent. There are thousands of working people whose ability to earn a living for themselves and their dependants is impaired by growing deafness; there is a multitude of occupations in which the deaf person is terribly handicapped; and there are not a few in which even partial deafness enormously increases the risks of accident, especially in industry and transport.

Apart from the personal deprivations and numbing isolation which deaf people suffer, social and economic losses are incurred as a result of our failure to provide proper treatment for this malady. In the public elementary schools attention is given to the children's teeth and eyes and hair, but nothing of a really effective kind is done for their hearing. Nature has provided a big margin of hearing power not used for the ordinary needs of life, and we do not become aware of approaching deafness until that margin of safety is destroyed. When that stage is reached one-third of normal hearing has been lost. When we have lost it we realize that a progressive diminution of the power of hearing has set in which seriously compromises earning capacity and the ability to enjoy life and work and social intercourse. Practical sympathy and organized assistance, available for example to the blind or the crippled in our midst, are withheld from the deaf through sheer lack of understanding of the hardships of their lot, and because we do not realize that by forethought, care, and scientific treatment the faculty of hearing in practically every person can be preserved. Even the congenitally deaf, when placed under proper care and attention, be saved from the sombre and cramping life to which the loss of this precious faculty at present condemns them.

Deafness Results in Economic Loss

In Britain the compulsory education of deaf children has been operative for nearly forty years, but nothing has been done to meet the needs of the deaf after school age, save through the voluntary efforts of the British Deaf and Dumb Association, reorganized in recent years as the National Institute for the Deaf, whose activities are mainly educational. The time has come, in my

Little Provision for the Adult Deaf

judgment, to deal with the problem of deafness from the point of view of prevention.

It was with this as a fundamental object that I sought to awaken public interest in the new method of treating deafness, and the state of affairs revealed to me during the period in which the Free Clinic was in operation, combined with my experience in private practice, strengthened my determination to bring the benefits of the new treatment within the reach of those who need it. I felt that it was imperative to enlarge the scope of the national health services with that end in view. To do this it is necessary to break down the barriers of prejudice and interested opposition which obstruct the progress of osteopathy in Britain and which prevent public recognition of the fact that the representatives of the new system of healing are debarred by obsolete laws and vested interests from doing what they can for the health and well-being of the country. Within the last few years, I believe, the public has begun to suspect the existence of a conflict between two schools of medical thought and this is the essence of that conflict: a clash between the orthodox, established school, and the new unorthodox school represented by the osteopaths, who approach the problem of disease from a totally different point of view and are concerned with the *prevention* of disease and with the *causes* of ill health. It raises important questions of public policy, affecting the welfare of the nation, and I justify my propaganda (and my methods of agitation) on that ground.

Arnold Bennett's Pointed Criticism

Let me bring this chapter to an end with a quotation from an article written by a distinguished novelist, Mr. Arnold Bennett, entitled 'Doctors and Medicine', which puts the issue with point and emphasis and may be taken as a preface to the case I shall endeavour to present in a later chapter of this book:

'In the mentality of the official medical intelligence cure is an afterthought. What do the world-famous specialists of Harley Street do? Do they chiefly specialize in curing? No, they chiefly specialize in diagnosing. They tell you what is the matter with you. They give it a name; a name affords mysterious satisfaction. They talk seriously to you. They more often than not say that you happen to have the one disease for which a cure is unknown. If you have consumption they say what a pity it is that you haven't got cancer, for there would be more hope with cancer. And if you have cancer they mention the rosy prospects of the consumptive. And so on. They then confer privately for a while with the general practitioner who has brought you to them. And out you go. And that's that.

The consequence is that sufferers, and especially chronic sufferers, are losing faith in doctors. And, what is perhaps worse, earnest doctors are losing faith in themselves—and in the current system of medicine. It has happened to me to ask a chronic sufferer: "What doctor do you go to?" and to receive the embittered reply: "Doctor! Good heavens! Haven't been to a doctor for years! Tired of doctors!"

I do not wish to ridicule the medical profession. I write under correction, and all I venture to assert now is that in the opinion of large numbers of people of some brains the medical profession is losing its sense of relative values; that something ought to be done about it, and that that something, whatever it may be, will in the nature of things not come from the princes of the profession. It will come from outside and will be sneered at, and in the end, with the help of public opinion, it will conquer.'[1]

I felt that 'something ought to be done'—and what I found it possible to do I will presently try to show. But there are other reasons why a campaign of education and propaganda had, in my view, become imperative. There existed, and still exists, a competitive

[1] *The Savour of Life*, by Arnold Bennett, pp. 36–37

and parasitical form of manipulative treatment, possessing none of the scientific sanctions of osteopathy, but often confused with it. It was necessary to make clear what osteopathy is, in order that it should not be confounded with these imitative cults.

CHAPTER X

OSTEOPATHY AND CHIROPRACTIC

OSTEOPATHY has become in recent years the prey of a host of parasites. Emboldened by its success, a number of imitative cults have sprung into existence which are based upon a crude and empirical adaptation of osteopathic principles. Several of these parasitical systems have enjoyed a temporary prosperity and popularity, due in the main to the confusion existing in the public mind between them and osteopathy.

Imitative Parasites

The most pretentious of these cults is chiropractic. Bone-setting runs it a close second, but chiropractic, especially in the United States, by its cunning exploitation of the theory of drugless medicine and bloodless surgery, with which osteopathy has familiarized the public, has achieved much the same popularity in that country that bone-setting has in Britain.

Chiropractic

Chiropractic is a manipulative system, invented in 1895, nearly a quarter of a century after osteopathy was formulated by Dr. Andrew Still. In respect of its fundamental principles there is a wide difference between osteopathy and chiropractic. It has been said, indeed, that chiropractic is only 'the first three weeks of osteopathy', and there is this much truth in that acid comment: that the chiropractor has borrowed one of the first principles of osteopathy, and has applied it in a very crude and elementary manner as though it were the whole truth concerning the causation and cure of disease.

Official Definition and Scope

As officially defined for legal purposes, chiropractic is declared to be ' the science of palpating and adjusting the movable articulations of the human spinal column by hand '. This definition is inclusive and all other methods are definitely declared not to be chiropractic. In other words, the chiropractor's theory of disease is that it results from displacement of the vertebrae of the spinal column, causing an abnormal pressure upon the nerves as they emerge. Displacement of the articular joints, which are frequently thrown out of alignment, if only in a slight degree, is held by the chiropractor to constrict the nerves and thereby prevent transmission to the various bodily organs of the nervous impulses required for their proper functioning.

Claims of Chiropractic

The chiropractor claims to be able to localize the cause of different diseases by being able to identify the nerves emanating above each vertebral segment and regulating particular organs. All that it is necessary to do, therefore, the chiropractor argues, is to find the subluxated joint and with the hand manipulate it into its proper position. Pressure upon the nerve through displacement of the vertebral joints is, he says, the sole cause of disease, and the cure lies in relieving the impinged nerve of such pressure and leaving the rest to Nature.

The One and Only Cause of Disease

All disease is attributed by the chiropractor to spinal subluxation alone, and he is taught to combat it by adjustment, ignoring altogether other factors which the osteopath, like the othodox medical practitioner, must take into account in the treatment of disease: such as diet, habit, or infection, environment and other factors which tend to influence the course of disease.

It is quite evident, therefore, that chiropractic rests upon nothing more than a crude and ignorant misunderstanding of one of the principles of osteopathy. It does not represent a development of osteopathic theory; it is a partial and ill-considered application of the theory of the spinal lesion which figures in osteopathic practice.

Where Osteopathy Differs

When the osteopath says that most diseases are of spinal origin, he means that the osteopathic lesion is the primary causative factor in disease, because it produces a condition which interferes with the normal flow of the vital fluids that maintain the body in health and repair the ravages of disease. Osteopathic manipulations of the body structure, especially those of the spine, are designed to liberate the protective and curative elements of the blood and tissues. The rule of the artery, said Doctor Still, is supreme. Find the cause of disease in some anatomical lesion which checks or clogs the flow of the blood, or which affects the nerve which controls the blood flow, and repair that lesion, and the blood itself will work the cure.

That, shortly stated, is the meaning that the osteopath attaches to the theory of the spinal lesion.

The Childishness of Chiropractic

The chiropractor's interpretation of this theory is an obviously imperfect and ill-digested version of the osteopathic lesion. The caricature of the theory and practice of chiropractic given by Dr. Maurice Fishbein in his book *Medical Follies* is not, after all, so much of an exaggeration. Dr. Fishbein suggests that chiropractic diagnosis and treatment can be stated in two sentences: 'Disease is caused by certain bones of the spine impinging on certain nerves. Disease is cured by pushing those bones off those nerves until by some unknown mechanism of

physiology they are persuaded to stay off.' Not precisely in this way, of course, did the inventor of chiropractic define the principles of his system. The practice of replacing displaced vertebrae for the relief of human ills, he claimed, had been practised for at least three thousand years. He publicly disavowed the suggestion that he was the first person to replace subluxated vertebrae; but he did claim to be 'the first to replace displaced vertebrae by using the spinous and transverse processes as levers wherewith to rack subluxated vertebrae into normal position and from this basic fact to have created a science which is destined to revolutionize the theory and practice of the healing art.'

This monumental claim is made by the late D. D. Palmer, who is reported to have made a first experiment in healing by chiropractic methods in 1895. Palmer began his career as a magnetic healer. It was whilst he was still practising as a magnetic healer that Palmer, according to his own account, discovered, quite by accident, in treating for deafness a coloured porter, that a displaced vertebra was pinching a certain nerve and that its adjustment resulted very speedily in the complete restoration of the patient's hearing.

The incident, as described by Palmer himself, marks the beginning of chiropractic, and it acknowledges no indebtedness in this account to osteopathy. There is, however, evidence that Palmer possessed an elementary knowledge of osteopathic principles and practice, and that he actually received instruction from an osteopath. Osteopaths are by no means anxious to claim Palmer as a fellow-practitioner, or to suggest that chiropractic is anything more than an empirical adaptation of osteopathy. All that I wish to point out is that Palmer is known to have had opportunity to observe the osteopath at work, and the system he invented shows unmistakable traces of the influence of osteopathic theory. He had at least a rudimentary

knowledge of osteopathy, and in so far as his technique bears any resemblance to that of the osteopath, it is clearly derivative and imitative of the older scientifically formulated system of Dr. Andrew T. Still.

It was not Palmer himself, but his son B. J. Palmer, who worked out the theory of chiropractic, such as it is, in detail. This happened in 1903, but as late as 1920 one could read a definition of chiropractic, written by B. J. Palmer himself, with the object of being incorporated in legislation. This definition clearly indicates the pretentious and fantastic character of the claims made on its behalf. This is his definition :

'The term "Chiropractic" when used in this Act shall be construed to mean and be the name given to the study and application of a universal philosophy of biology, theology, theosophy, health, disease, death, the science of the cause of disease, and art of permitting the restoration of the triune relationship between all attributes and qualities by placing in juxtaposition the abnormal concrete positions of definite mechanical portions with each other by hand, thus correcting all subluxations of the articulations of the spinal column, for the purpose of permitting the re-creation of all normal cyclic currents through nerves that were formerly not permitted to be transmitted, through impingement, but have now assumed their normal size and capacity for conduction as they emanate through inter-vertebral foramina—the expressions of which were formerly excessive or partially lacking—named disease.'

After this it is not surprising to find that the chiropractor believes in the existence of some mysterious spiritistic force within the body called the 'innate intelligence' which acts as the healing agent. This 'innate intelligence', according to the younger Palmer, is seated in the brain, and is 'the director of all functions in the body from the time of birth to the dissolution of the physical and of the mental which is death.'

Health depends, in chiropractic theory, on the free passage of ' innate intelligence ' from its seat in the brain out over the nerves. If the nerves are pinched by vertebral displacement the passage of ' innate intelligence ' is checked or blocked, and thus disease begins. The doctrine curiously resembles the theory of Galen, who taught the existence of a life-giving principle, the ' spiritus ', or ' pneuma ', which is taken from and constantly renewed by the general world-soul in the respiration. When it is taken into the body in the act of breathing, according to Galen, the pneuma becomes ' the animal spirits ' in the brain, which it reaches through the nose. In the arteries and the heart it becomes the ' vital spirits ' ; and in the liver and the renal veins the ' natural spirits '.

This mystical speculation of Galen, which formed the basis of the humoral pathology, was not more remote from scientific actuality than the chiropractor's doctrine of ' innate intelligence ' as the agent or active principle of healing. It has found no such reinforcement from scientific investigation as the great generalization of the founder of osteopathy has received from the immunologist. The two fundamental principles of osteopathy, as formulated by Dr. Still, namely, (1) the anatomical lesion and (2) the natural mechanism of defence and cure within the body, were generalizations which scientific medicine and biological science long after have been found to confirm. Not so with the chiropractor's doctrine of ' innate intelligence ', which ignores or denies the part played by the blood and the organs of internal secretion in the maintenance of health and the cure of disease. As the chiropractor understands disease, the spinal pinching of the nerves is the cause of all human disorder.

To sustain this theory it is necessary for the chiropractor to develop his own anatomy and physiology. His conception of the nervous system as shown by

charts, pictures, and diagrams in the chiropractic literature is that from each spinal segment a spinal nerve goes directly to some organ and a pinching of the nerve results in disease of that organ. This childish conception finds no warrant in anything that the osteopath is taught or in anything that he believes. No osteopath has ever suggested that it is possible to place the finger on every joint of the spine and say that interference with the nerve passing from each segment will of necessity produce disorder in a given organ; though it will produce far-reaching systemic disturbances—and the osteopath attaches enormous importance to the normality of the nerves with their millions of microscopically fine fibres that ramify to the countless cells of which the human body is composed. But the chiropractor's conception of disease leads to an incredibly infantile simplification of the physiology of the nervous system. Believing that a particular disease or disorder is caused by the 'pinching' of a particular nerve, it is necessary for the chiropractor to re-write all the text-books on anatomy. He is compelled by his own theory, for example, to believe that the cranial nerves, which pass off directly from the brain, must be carried along in the spinal cord, emerge between the vertebrae, and go up again into the skull. Unless the cranial nerves take this course there can be no 'pinching' by spinal displacement, and accordingly there can be no disorders of the eyes, ears, and nose. As disorders do manifestly occur, and, in chiropractic theory, can only occur through a 'pinching' of the cranial nerves by spinal displacement, it is necessary for the chiropractor to deny that the cranial nerves proceed from the brain directly to the eyes, ears, and nose without passing down the spinal column and up again!

I cite this as a specific example of the amount of re-writing of standard text-books on anatomy which

requires to be done to make them agree with chiropractic theory. It would serve no useful purpose and certainly would not interest the lay reader to prolong a technical discussion of the errors perpetrated by the chiropractors in regard to anatomy and the physiology of the nervous system in their own text-books. To do them bare justice, the chiropractors do not expect to find the standard text-books to be in agreement with their theories: they conclude that the standard texts must be wrong and proceed to write their own; but unfortunately the texts they write do not square with the known and proved facts of anatomy.

Unfairness of Associating Osteopathy with Chiropractic

Osteopathy naturally suffers in the minds of intelligent people when they hear of it in association with chiropractic. Within the last few years, indeed, spokesmen of the orthodox medical profession have frequently prejudiced osteopathy by linking it up with chiropractic. Thus the president of the Medical Society of London in 1925, Sir H. J. Waring, C.B.E., M.S., F.R.C.S., who holds the position of surgeon to St. Bartholomew's Hospital, devoted the whole of his presidential address to an elaborate exposition of osteopathy, chiropractic, and medicine, in which he treated osteopathy and chiropractic as practically interchangeable terms, and made no reference at all to ordinary medicine or surgery in relation to the criticisms directed against drug-therapy. It did apparently strike him that orthodox medicine is under challenge, and there was an apologetic note in his 'explanation' of the osteopath's popularity and success in comparison with those of the ordinary medical man, which he attributed in part to the ignorance and credulity of the public and in part to the superior 'plausibility' of the osteopath in explaining the causation and cure of diseases. Throughout the address, however, osteopathy and

chiropractic are treated as practically identical in theory and method of treatment. It is asserted, for instance, that 'the osteopath and the chiropractor each states that he can cure practically all diseases, injuries, or malformations by manipulating the spinal column and putting displaced vertebrae in correct positions. . . .' It is painful that a man of the admitted eminence of Sir H. J. Waring should stoop to such methods and lightly make statements in public so unjust and unwarrantable as to admit of the readiest refutation. I have shown, further, that the chiropractor's theory as to the causation and cure of disease is nothing more than an ill-digested and ignorant misconception of the teaching of osteopathy; that the latter is being reinforced by biological science; and that chiropractic has so little foundation in science that it contradicts even the elementary facts of anatomy and physiology in the standard text-books.

The main line of attack from the orthodox profession on both osteopathy and chiropractic is in respect of the educational standards they maintain.

Misstatement of Standards

In the presidential address referred to above it is asserted that the 'only essential elementary education which is insisted upon by most of the osteopathic and chiropractic schools is ability to read and write'. It is stated also that 'no examination in preliminary education and no attendance at a high school is [*sic*] required'. That this statement is untrue, as well as incidentally ungrammatical, in reference to osteopathy, is sufficiently clear from the evidence given in an earlier chapter, where I have shown that in point of fact the standards of education and professional training in the osteopathic colleges bear favourable comparison with those of the regular medical colleges. But that these strictures apply to the chiropractic schools is not to be denied. The essential injustice lies in confounding

osteopathy with chiropractic and in discrediting the proved high standards of the former by concentrating criticism entirely upon the latter's inadequacies, as if the standards of each were identical.

Criticisms of the low standards of education and professional competence in the case of chiropractic are in fact fully justified. The principal chiropractic schools are the Palmer, Davenport, and the Universal. At the Palmer school, class hours are thirty minutes long. A student may enter on any week day in the year, and the school year is six months long. At the end of twelve months a student, if he has reached grade 'C' in all examinations, may obtain a certificate and start practice. The full course is *nominally* three years, but in fact extends to no more than *eighteen months*, although the impression is created that the chiropractic schools give a regular four-year course. So far as an entrance qualification is demanded, the 'common school' standard suffices. In the standard curriculum of the osteopathic colleges an approved four-year high-school education is required in the way of preliminary preparation for study of osteopathy. The standard course in the osteopathic colleges covers a total of 4,432 hours; in the Palmer School of chiropractic the course extends over 2,347 'hours' of thirty minutes each, or 1,273½ full hours. The comparison on page 138 shows the number of hours occupied in the study of the subjects enumerated in the osteopathic standard course and the chiropractic school respectively. Of fundamental importance in this list of studies is anatomy, both to the osteopath and the chiropractor. In the American School of Osteopathy,[1] to take a particular case, 864 full hours or 264 hours more than the standard requirement are given to this one subject, including teaching from dissected cadavers, with an

[1] The figures in the table on page 138 relate, of course, to the average standard Course of the Osteopathic Colleges.

additional 288 hours of laboratory dissection, besides cross-section anatomy. In the Palmer School of Chiropractic no more than 130½ hours are given to the subject. Here are the comparative figures :

	Osteopathic Course. Hours	Chiropractic Course. Hours
Anatomy	600	130½
Embryology . . .	70	—
Chemistry	300	87
Histology	180	43½
Physiology . . .	300	87
Pathology	240	—
Bacteriology . . .	150	—
Hygiene and Public Health .	60	43½
Hydro-therapy . . .	16	—
X-Radiance . . .	46	—
Dietetics	32	—
Osteopathy. . . .	1,466	—
Chiropractic . . .	—	838½
Minor Surgery . . .	400	—
Eye, Nose, Ear, etc. . .	180	—
Gynaecology . . .	160	43½
Obstetrics	200	—
Professional Ethics . .	16	—
Jurisprudence . . .	16	—
Total Hours	4,432	1,273½

Compare again the hours given to study of the specific technique of osteopathy and chiropractic. In the American School of Osteopathy 2,126 full hours are given to osteopathy, which includes principles and practice, specialties, diagnosis, etc. ; whilst in the Palmer School no more than 838½ full hours are given to chiropractic and its subdivisions, including 'philosophy', 'orthopody', 'palpation drill', 'symptomatology', clinics, etc.

No Comparison between Osteopathy and Chiropractic

In short, there is no real comparison either in the scope and thoroughness of the training in the specific technique or in the study of the fundamental sciences as between osteopathy and chiropractic; and those who persist in linking the two together as if they had anything more in common than a superficial resemblance in technique based on manipulative methods are helping to mislead the public mind and injuring osteopathy by dragging it to the level of chiropractic.

How Prejudice is Created

In the *British Medical Journal* for May 31, 1924, an article appeared which sought to excite prejudice by quoting the following letter from an illiterate correspondent of the 'Carver Chiropractic College':

SIRS, Mister Kirpatic School. I want to rite letter an see if i can be Kirpatic dr. if you can make a Kirpatic dr. for how much money i got about 2 thousand dolers that my husband get wen he died from the insurance company. . . . My husband die with apensitis in his side and drs say it is to late after they operate an lots of pus and Kirpatic dr say he could cure him if i had called him. . .

To this letter, according to the *B.M.J.*, the following reply was sent:

DEAR MADAM,—Your most interesting letter stating that you were very much interested in the study of the subject of chiropractic and reciting the incidents leading to the death of your husband and the information that you had received from some of your chiropractic doctor friends that his death was all unnecessary, had a chiropractic doctor waited on him, instead of a M.D. While your education may be limited you have intelligence and the determination and sufficient education to understand the

English language. You would have no difficulty in getting a knowledge of this subject so that you could go out and practise and be efficient.

Here quite plainly is justification for the allegation that some chiropractic institutions are nothing more than factories for conferring upon 'practitioners' the degrees which enable them to impose upon the credulity of the public, but this does not justify the attempt to impose upon osteopathy the admittedly inferior educational standard of the chiropractor.

It does, however, prove the existence of a real evil. That evil is one that organized osteopaths are seeking to remove. It is the main purpose of this book to describe the reasons why it should be removed without placing obstacles in the way of developing new principles and methods of healing, or helping to strengthen the monopoly which the orthodox medical profession seeks to perpetuate under the law as it now stands. In my closing chapters I shall endeavour to state the case for legal recognition and regulation of osteopathy as a new system of healing, and incidentally expose the inconsistency of the orthodox medical profession in condemning educational deficiencies of the chiropractor, whilst actively opposing the policy of the osteopaths in seeking the legislation which alone can remedy these abuses. In the United States the chiropractor appears to be losing ground. The fountain-head of the vocation, Mr. B. J. Palmer, is reported in the Pittsburgh *Medical Bulletin* as saying, 'Chiropractic is doomed', when addressing a meeting of chiropractors in Philadelphia on February 26, 1928. He said: 'Fully eighty per cent of the chiropractors in Pennsylvania are practising medicine, not chiropractic.' He added that the same conditions obtained all over the U.S.A. His ideals, he said, had been

A Real Cure

shattered. 'Twenty-eight chiropractic schools have closed recently, and many others will follow.' But the evils arising from defects in the existing law governing the practice of the healing art remain, and if chiropractic disappeared altogether from the list of quack cults there is nothing to prevent new ones being started so long as the law remains in its present state.

CHAPTER XI

OSTEOPATHY AND THE BONE-SETTER

Osteopathy is not Bone-setting

EARLY in my campaign for legal recognition and regulation of osteopathy it became evident that osteopathy and bone-setting were often confused in the minds of the general public, and are not very clearly differentiated even in the minds of medical men. The acknowledged representative of London University in the British Parliament, Dr. Graham Little, M.P., who is also considered the chief spokesman of the medical profession in matters of public controversy affecting that profession, has indeed expressed a preference for the term 'bone-setting' over the word 'osteopathy'. He apparently thinks that 'bone-setting' is a good old-fashioned Anglo-Saxon term which better describes the principles of manipulative surgery than the word invented by Dr. Andrew T. Still for the identification of the system he formulated half a century ago. It has not been possible yet to convince Dr. Little or the British medical profession as a whole that osteopathy and bone-setting are *not* two different names for the same thing. The fact is that bone-setting at its best is incomplete, an unscientific form of manipulative surgery, and at its worst it may be a mixture of superstition and crude violence on the same cultural level as the aboriginal medicine of African savages. In the majority of cases the average bone-setter, in my opinion, does not know what he is doing.

To do them justice, the ablest and best known bone-setters to-day, such as Sir Herbert Barker and Mr. A. E. Kennard, recognize quite clearly that osteopathy is a systematized and standardized technique

in which the principles of manipulative surgery, which they practise empirically, are scientifically formulated and brought into relation with the general body of medical knowledge and experience. The best-known bone-setter of our time, Sir Herbert Barker, has publicly acknowledged this to be the case. In a letter to *The Times* on January 23, 1926, Sir Herbert Barker dealt summarily with the suggestion of Dr. Graham Little, M.P., that osteopathy and bone-setting were synonymous terms. He wrote with particular reference to the case of the late Dr. Axham, then a matter of acute public controversy, in the following terms:

Science and Empiricism

TO THE EDITOR OF *The Times*

SIR,

In its personal aspects the latest development in the case of Dr. Axham is satisfactory, as far as it goes. It is possible now to hope that the medical authorities will see their way to restore Dr. Axham to the Register and thus remove the stigma they placed upon his name. But there are other and more fundamental issues involved in the protest I and others have made against the treatment accorded to Dr. Axham, and these are not disposed of by the belated act of reparation made by the Royal College of Physicians in rescinding its motion of suspension passed upon him fourteen years ago.

Underlying our protest in this case there has always been the question of the General Medical Council's powers and policy in dealing with the (so-called) 'irregular practitioners', who are usually lumped together by the apologists of the G. M. C. as osteopaths, bone-setters, chiropractors, homœopaths, herbalists, faith-healers, and so forth. In this way the G. M. C. has sought to create the impression that it is protecting both the public and the medical profession. As a result, the development of the principles and practice of osteopathy as a system of bloodless surgery and drugless medicine has been impeded in this country.

And this is a matter which, as I believe, concerns not only the public, but the medical profession and the House of Commons. It seems to me contrary to public policy that any body of people in the exercise of statutory powers should be able to obstruct and discredit efforts that are being made by qualified and reputable practitioners to establish in this country a school of mechano-therapeutics which has won recognition and legal status in other countries.

Dr. Graham Little recently gave me credit for using the ancient, honest and English title of 'bone-setter' in preference to what he called the 'new-fangled and shoddy American substitute of "osteopath".' If this means that Dr. Graham Little believes me to be anxious to dissociate myself from the osteopathic profession and to be unwilling to support the campaign which Mr. Wilfrid A. Streeter has been prosecuting so vigorously for the legal recognition and regulation of osteopathy, I hasten to deny the suggestion. Twelve months or more ago The American School of Osteopathy (Kirksville, U.S.A.), at Mr. Streeter's suggestion, honoured me with the offer of an honorary degree, which I accepted with pride and pleasure. It has been my hope to be able to arrange a visit to the United States to receive the degree in person, and I propose to go there at the earliest possible moment. I appreciate and am grateful for the recognition that my technique has thus received, and also for the opportunity of testifying to the great work done by the founder of osteopathy, Dr. Andrew T. Still, in defining the principles and standardizing all forms of manipulative treatment.

I join with Mr. Wilfrid A. Streeter, in claiming for osteopaths the legal status and system of registration necessary to enable them to practise with the same freedom and the same responsibility as the ordinary doctor. I heartily agree with him in the opposition he has offered to what he considers the inadequate measure put forward by the British Osteopathic Association in the form of a Parliamentary Bill. They have certainly lost several good occasions upon which their claims on behalf of osteopathy could have been pressed home both upon Parliament and the public. I regret very much that the Parliamentary

SIR HERBERT BARKER AND THE AUTHOR

opportunity which Mr. Streeter secured by the carefully considered question put to the Prime Minister by Mr. Arthur Greenwood, M.P., ten months ago was not taken proper advantage of by the osteopathic profession. Nevertheless, I believe that public opinion, and I will add medical opinion also, cannot have failed to realize the strength of the case which has been presented in the course of the campaign. The incident with which the case of Dr. Axham is associated has emphasized the need for such a system of registration and legal regulation as I now join with my colleague and friend in claiming. We want, as earnestly as any medical man, to protect the public from irregular practitioners; we want to prevent the intrusion into the medical profession of incompetent and unqualified persons. To do this, as Mr. Streeter has persistently urged, we need to establish a school of mechano-therapeutics, and to set up a board of registration to regulate its practice, prescribe its standards of training and professional competence, and give its practitioners the privileges, responsibilities and immunities enjoyed by practitioners of the dominant school of therapy in this country.

I am, etc.,

(*Signed*) HERBERT BARKER

MARLBOROUGH CHAMBERS,
71, JERMYN STREET, S.W. 1,
January 21, 1926.

Nevertheless, the belief still prevails that bone-setting is entitled to rank with osteopathy as a system of mechano-therapeutics and that the only difference between them is one of nomenclature. This is by no means the case. It is the essence of a system that its principles can be clearly formulated and firmly grasped and that the technique founded upon those principles can be communicated to others, if they will take the trouble to acquire it. If it be true that the art of the bone-setter is a purely personal art

Bone-setting is an Art

which cannot be taught to others who are not themselves born with the special sense or natural gift which the bone-setter claims to possess, then it is plainly *not* a scientific technique in the same sense as osteopathy or any other systematized and standardized body of knowledge resting on commonly accepted principles. There is nothing esoteric or mystical about osteopathy; its practitioners do not claim to possess any recondite knowledge or an incommunicable gift or special sense: their manipulative skill is a highly specialized faculty which has been developed by prolonged training and practice, but it is not an abnormal, mysteriously acquired gift which they, alone of all mankind, possess. The bone-setter, on the other hand, does appear to lay claim to magical powers and unique aptitudes. In his recently published volume of reminiscences [1] even so sane and matter-of-fact a bone-setter as Sir Herbert Barker quotes a tribute paid to him by 'one of the most famous orthopedic surgeons of the day'—Mr. T. H. Openshaw, the distinguished surgeon of the London Hospital —who 'wrote to me some time ago and expressed the opinion that my technique could not be transmitted to any other person, as he considered it to be the result of the development of a special tactile sense which, according to his judgment, was not communicable.'

Here, indeed, is a glimpse of the curious psychology of the bone-setter which impels him to encourage the popular belief that the healer, like the poet, is born with an abnormal and unique gift that is withheld from ordinary mortals. The bone-setter belongs to the race of 'natural healers' whose progenitors were the priest-physicians among whom the art of healing was a jealously guarded mystery and a hereditary calling. In the Scottish Highlands the 'natural healer' was expected to be a seventh son, and if he were also the

[1] *Leaves from My Life*, by Sir Herbert Barker, p. 203.

seventh son of a seventh son his magical gifts were correspondingly enhanced. Historically, bone-setting has been a 'family secret', a sort of hereditary vocation. In England the Taylor family and the Whitworths, and in the United States the Sweets, were amongst the most famous bone-setters. It is interesting to find a thread of heredity connecting even Sir Herbert Barker with another well-known family of bone-setters. In his Reminiscences [1] he recalls his early association with Mr. John Atkinson, the Park Lane bone-setter, who was himself taught the art by Robert Hutton; both Atkinson and the Huttons—Robert Hutton was a nephew of Richard Hutton, who practised bone-setting in London—came of a race of yeoman farmers in the North who had practised the art for two hundred years; and Sir Herbert Barker's preceptor (says Sir Herbert) 'was a cousin on my mother's side'.

The 'Secrets' of Bone-setting

Bone-setting owes much of its vogue in Britain to the Huttons, even more than to the Taylors and Whitworths. Richard Hutton it was who communicated the 'family secret' to the father of Dr. Wharton P. Hood, whose little book on bone-setting [2] was probably the first recognition accorded to the bone-setter by the regular medical profession. The Hutton family (according to Dr. Hood) practised a rude surgery among the dalesmen of the North of England in the early part of the nineteenth century in the days when in many districts there were no qualified surgeons, and fractures, dislocations, and sprains were treated by the rough skill of the local bone-setter. These practitioners, of course,

[1] Loc. cit., p. 29.

[2] *A Treatise on Bone-Setting*, by Wharton P. Hood (1871); see also *The Treatment of Injuries by Friction and Movement* by Wharton P. Hood, M.D. (St. Andrews), M.R.C.S., L.S.A. (London, 1902).

had no opportunity of acquiring a knowledge of anatomy by the study of text-books or in other academic ways. Their operations were conducted by a kind of instinct which had been developed by years of practical experience. We have no evidence that any of the famous bone-setters except Sir Herbert Barker's preceptor, Atkinson, made any special effort to obtain a knowledge of anatomy by the study of recognized text-books or attendance at lectures. In Sir Herbert Barker's own account of the first operation he ever conducted, long before he adopted bone-setting as a profession, he expressly says that he trusted to 'an instinctive guidance' and used common sense in executing what he deemed to be the necessary hold and leverage; he does not, however, draw the logical conclusion that if 'bone-setting' is an incommunicable gift, or even if it remains a secret technique guided by the intuitive sense of its practitioners, it can never become an exact science. If 'bone-setting' cannot be taught nobody can learn it. Sir Herbert Barker probably felt this to be a good reason for refraining from demonstrating his technique. Where reliance is placed on intuition and 'instinctive guidance' (though no mystical or psychic powers are claimed) mere academic knowledge is obviously at a discount. Neither of the Huttons appears to have had an academic training: Richard Hutton was in business as an upholsterer before taking up bone-setting, and there are known cases to-day of bone-setters who have left other occupations to practise the art without any preliminary study of the bodily framework upon which they so courageously lay their hands.

The manipulations of the bone-setter are limited in the main to stiffened or dislocated joints and fractures. One may note, by the way, that bone-setting is defined in Johnson's Dictionary in the following terms:

TO BONESET (from *bone* and *set*): To restore a bone out of joint to its place; or join a bone broken to the other part.

This definition is confirmed in the dictionary by the following quotation from Wiseman's *Surgery*:

A fractured leg set in the country by one pretending to bone-setting.

Evidently the learned Wiseman knew that bone-setting in his time at any rate, was a rural art!

Dr. Hood's Definition

Not until Wharton Hood, in 1871, wrote his small treatise was there any attempt made to rationalize and systematize the art of the bone-setter. Bone-setting, as he witnessed it at the hands of the elder Hutton, 'meant neither more nor less than the cure, by suitable manipulations and subsequent exercise, of conditions of lameness, weakness, pain, or disability of some kind, usually consequent upon prolonged disease or old injury affecting joints, or structures entering into their formation'. He goes on to describe how these conditions were classified and arranged under the following categories:

(1) Stiffness and pain of joints following fracture of one of the bones forming them. These cases were said to be in two classes: (*a*) Simply stiff joints, rendered so by want of movement, and by having been included in the splints applied to the fracture; and (*b*) stiff and swollen joints, which had been more or less implicated in the original injury.
(2) Sprains, whether of recent date or of old standing, which had been treated by rigidly enforced rest.
(3) Joints that had been kept at rest voluntarily for the avoidance of pain, either after some injury to themselves, or to the soft parts around them, or after some painful disease affecting either—e.g. a stiff

shoulder-joint following inflammation and suppuration of the bursa beneath the deltoid muscle, or a stiff hip-joint after inflammation of the bursa over the great trochanter.

(4) Rheumatic and gouty joints.
(5) Displaced cartilages.
(6) Ganglionic swellings about the carpus.
(7) Subluxations of bones of the carpus and tarsus.
(8) Displaced tendons.
(9) Hysterical joints.

This classification indicates, or ought to, the limitations of the bone-setter's work.

Hutton's Method

In dealing with the cases brought to him Hutton felt for the 'tender spot', and diagnosing that 'a bone was out' he proceeded to rectify the mischief by various manipulative devices, the object of which was to prevent resistance of the muscles whilst the limb was suddenly bent, extended, or rotated, a firm thumb-pressure being at the same time applied to the 'tender spot'. Usually the operation was signalized by a sharp crack or snap, and Hutton would then say that the displaced 'bone' had been restored to its proper place. What had really happened, Wharton Hood points out, was that some adventitious adhesions had been broken down and freedom of movement restored. The important lesson which the bone-setter more or less unconsciously conveyed to an instructed observer such as Wharton Hood was that movement and not rest was an essential part of the treatment for such cases as he describes. Routine surgery prescribed rest for an injured limb, chiefly from a groundless fear (as Hood remarks) that the ordinary swelling of an affected part and the incidental pain were indications of 'inflammation' which was likely to be increased by movement and so productive of further and perhaps permanent mischief. It was by obedience

to this mistaken view that the regular medical practitioner allowed so many cases to reach the stage at which only the attention of the 'bone-setter' could avail to effect a cure; and the success of the bone-setter was thus in very many cases the exact measure of the orthodox surgeon's failures in diagnosis and treatment. Within its own limited range bone-setting has accomplished much that routine surgery of the orthodox kind could not achieve as long as it remained under the delusion that an injured joint or limb must be 'kept quiet'.

Limited Field of Manipulation

It is in this limited field that the bone-setter carries on his work and in which he has scored his chief successes. Obviously, manipulative methods as applied to localized injuries justify the fundamental contention of the osteopath that structural adjustment and realignment of all parts of the body framework are the first steps towards healing. But the bone-setter, unlike the osteopath, deals only with the localized injury and has achieved his utmost effect when he has manipulated the parts affected and has restored mobility and proper adjustment in the immediate neighbourhood of the injury. The osteopathic treatment is of a broader and more comprehensive character. Its whole object is to secure the free and completely unobstructed circulation of the vital fluids within the body, not alone for the minor purpose of healing local injuries, but for the inclusive maintenance of the whole organism in health. It recognizes that any derangement of the body framework or impairment of its structural integrity, by irritation or pressure upon the nerves and blood vessels, interferes with the natural flow of the vital fluids, and its technique is designed to correct such structural or mechanical maladjustments, particularly maladjustments of the spine, and thus to liberate the

body's remedial forces. Osteopathic manipulations, in short, differing from the bone-setter's wrenchings and twistings of dislocated joints and displaced ligaments, effect a fundamental concord and harmony of the entire mechanism of the body, a concord not merely of the bony framework but of the secretions, ferments, chemical processes and blood and nerve supplies by which life is continued and the balance of health is maintained.

Value of Manipulation in a Restricted Field

Nothing in this chapter is intended to minimize the beneficent work of the bone-setter within the limits of the service he renders. Bone-setting has developed as a manipulative technique largely as a consequence of the failure of orthodox surgery to deal with local injuries, such as fractures, dislocations, sprains, wrenched muscles, and displaced ligaments, in an intelligent and helpful manner. That was recognized, sixty years ago, by no less a person than the famous Sir James Paget, surgeon to St. Bartholomew's Hospital. In a clinical lecture, on the cases that bone-setters cure, delivered at that hospital in 1867, he reviewed the chief injuries of the bones and joints and drew the following conclusions :

> From all this you may see that the cases that bone-setters may cure, though more by luck than wit, are not a few. I think it very probable that those in which they do harm are still more numerous, but the lessons which you may learn from their practice are plain and useful. Many more cases of injured joints than are commonly supposed, by the orthodox practitioner, to be thus curable, may be successfully treated with rough movements—wrenching, pulling, and twisting. The cases that are thus curable I have endeavoured to point out to you. Be on the watch for them. . . . Learn then to imitate what is good and avoid what is bad in the practice of bone-setters ; and, if you would still further observe the rule, *Fas est ab hoste*

doceri,[1] which is in no calling wiser than in ours, learn next what you can from the practice of rubbers and plasterers; for these also know many clever tricks; and, if they had but educated brains to guide their strong and pliant hands, they might be most skilful curers of bad joints and many other hindrances of locomotion.

This wise and enlightened counsel, unfortunately, fell on deaf ears. The orthodox physician and surgeon cannot even yet admit that the bone-setter, still less the osteopath, can teach the medical profession anything. It learns nothing even from its own failures and mistakes. It opposes a stupid obscurantism and unteachableness to new methods and new doctrines, and persecutes those among its own members who welcome the truth and endeavour to further the progress of scientific knowledge in relation to medical practice. One need only recall the treatment accorded to the late Dr. Axham by the General Medical Council when he dared so far to defy it as to associate himself with a bone-setter. And if the medical profession penalizes any registered practitioner for assisting the bone-setter who flourishes on its failures, how much more formidable is its resistance to the encroachments of the osteopath, who has given a scientific foundation and a standardized technique to the empirically proved principles of manipulative surgery! There is no more instructive chapter in the history of medicine than the story of the effort that has been made to win recognition for osteopathy in Britain. Having lent such aid as lay within my power to the fight for recognition, I know the difficulties we have to meet.

[1] 'It is right to be taught, even by an enemy.'

PART IV

CONTROVERSY AND CATECHISM

PART IV

CONTROVERSY AND CATECHISM

CHAPTER XII

A QUESTION OF PUBLIC POLICY

Struggle for Recognition

A PROLONGED effort has been necessary to obtain for osteopathy such legal recognition and regulation as it has been accorded in various countries. In the country where it originated more than fifty years ago—the United States of America—it has been placed on a footing of complete legal equality with orthodox medicine. State laws for the regulation of medical practice vary from one State to another within the Union, but, broadly speaking, osteopathy and medicine have equal opportunities and privileges in all the States. In many cases the graduates of both osteopathic colleges and medical schools are required to take examinations prescribed by State Medical Boards which are often of a composite character in that representatives of all schools of medical practice compose them. Without the licence of these Boards no practitioner is allowed to pursue his vocation. Examination is necessary for all applicants for licence, and the Board itself prescribes the standard of educational and professional training to which the applicants have to conform. In other States separate Boards of Examination and Registration have been set up under the law for the osteopathic practitioner. The latter

form is naturally the most acceptable to the osteopath and constitutes the goal of all legislative methods when a fully organized profession is establishing itself in any country.

What Happened in America

Legislation for osteopathy was not procured even in the United States without effort. It was opposed by the regular medical profession, whose representatives invoked the existing law in order to throw discredit upon the osteopathic practitioner, and initiated prosecutions of osteopaths on the ground that they were practising medicine or surgery contrary to the law. As the number of osteopaths multiplied in the various States it became evident to them that legislation was necessary to regularize their position and to safeguard the profession as a whole against the attacks of regular practitioners. The earliest legislation dates back beyond the beginning of the present century. The first attempt to legalize osteopathy was made in the State of Missouri, where its founder, Dr. Andrew T. Still, had taken up his residence. The Bill which sought to place osteopathy on a proper legal footing was introduced into the States General Assembly in 1895, and was vetoed by the Governor on the ground that osteopathy was a secret system. Two years later a new assembly and a new Governor passed the Bill by overwhelming majorities. The new Governor, unmercifully assailed by the Medical Association for his approval of the Bill, declared that the vote of the Legislature was a clear indication in his opinion that the people of the State were determined to give osteopathy the protection of their State laws. 'The science of osteopathy,' he said, 'as far as it has come under my observation, assists in relieving suffering humanity, and I do not think I erred in signing the Bill. In view of the fact that such a majority of the General Assembly favoured it, it was more than likely

had I withheld my approval, it would have been passed over a veto.'

One after another the remaining States of the Union adopted legislation on similar lines. Attempts were made in various States from time to time to arrest the progress of this legislation and to endeavour to secure the enactment of laws prohibiting the practice of osteopathy. Typical of this legislation were measures promoted by the medical profession in the State of Colorado and passed by the General Assembly of that State, the purpose of which was to confine the practice of healing to the orthodox profession and in effect to prohibit the practice of osteopathy. That measure was vetoed by the Governor, on the ground that its true intent and purpose was to restrict the profession of medicine and to limit the number of practitioners in order to establish what was virtually a medical monopoly throughout the State. Whatever might be the design of the Bill, the Governor declared, it would not protect the public health. If statistics were to be relied upon, the death-rate in that State was as low as it ever was, and lower than in some of the States which had enacted measures similar to the one he then announced his intention of vetoing. Surgery excepted, medicine, he said, was not a science, but a series of experiments, more or less successful, which would become a science when the laws of health and disease were fully ascertained and understood. This could be done, not by arresting the progress of experiment and binding men down to hard and fast rules of treatment, but by 'giving free rein to the man who departed from the beaten highway and discovered hidden methods and remedies by the wayside'.

In the State of Colorado

It is through these means (he said) that the public health is promoted and thereby protected, and the members of the medical profession are enabled to

minister with success to human ailments and bodily suffering. There is abundant evidence that every advance in the treatment of diseases, in the method of their detection and in the prevention of their occurrence has been made by physicians in disregard of the regulations of the order, and a great body of their brethren, after denouncing and opposing, have ultimately accepted the unquestionable results of these researches and discoveries, and made them respectable by adding them to the category of the recognized and the regular. 'But for this,' added the Governor, 'the leech, the lancet, and the pill-box would still be the regulators of the public health, and licences to practise would be confined to these and those mostly who use them. It is right to say that medical progress in general has not been made by, but notwithstanding, the great body of its professors.'

Gradual Success and Subtle Attack

Enlightened opinion as expressed in the quotation given above was successful as the years went on in resisting the attempts of the registered medical practitioners to ostracize and discredit osteopathy, and in course of time, in all the States, measures were enacted which gave osteopathy an opportunity to develop without interference from orthodox medicine. A vigilant watch, however, had to be maintained by the representatives of osteopathy to maintain the legal safeguards. The most dangerous assault upon the position they had won was made under the auspices of the American Medical Association in the guise of an attempt to establish a Department of Public Health under a minister who was to be a member of the President's cabinet. The ostensible object of this legislation was to establish a Federal Health Service, but its effect would have been to grant a virtual monopoly of healing practice to the orthodox medical profession and to

prohibit the practice of any other system of healing under Federal authority. This attempt, which began before the War, and was renewed at intervals during the progress of that great struggle, is even yet not ended; and indeed it may be said that, notwithstanding the legislation which has been adopted in the United States for the protection of osteopathy, its progress is still unrelentingly opposed and obstructed by the representatives of the regular profession.

An instructive incident occurred during the Great War. A Bill was introduced in Congress to provide osteopathic service for enlisted men in the American Expeditionary Force. The measure, which was referred to the Military Affairs Committee of the House and Senate, was in the following terms:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, that hereafter osteopathic physicians, who have been duly licensed by the laws of the States in which such physicians reside, and who have graduated from a college of osteopathy, duly authorized by law to confer the degree of doctor of osteopathy, shall be admitted to examination prescribed by existing law to ascertain the physical and professional qualifications of applicants for the medical branch of the Army of the United States, and the persons so qualified shall be eligible to appointment therein provided that such appointees shall have the same official status, rank, pay, and allowance of offices of corresponding grades in the medical branch of the service.

Legislation on these lines had the powerful support of the ex-President of the United States, Theodore Roosevelt, who publicly expressed his regret that licensed osteopathic physicians who had passed the Medical Board examination for commissions in the Medical Corps, and had been recommended by the examining Board for such commissions, had not

received them. 'I earnestly hope,' he wrote, 'that Congress will pass legislation enabling osteopathic physicians to serve their country in the capacity for which they are best fitted. I write on this subject with knowledge. Two of the members of my family have been treated, with great profit to themselves for years, by osteopathic physicians. One of these is now with our Army in France. It would be to his great advantage if he could have occasional osteopathic treatment, and I am genuinely concerned that he is unable to get that.'

Opposition by Army Council

Notwithstanding the strong demand for such legislation, however, the representatives of the regular profession, headed by Surgeon-General Gorgas, to whom, following the usual procedure, the question was referred by the Secretary of State for War, succeeded in frustrating the project. Surgeon-General Gorgas declared that admission of the osteopaths into the Medical Service of the American Army would 'have the practically unanimous opposition of the medical profession of this country and of allied countries'. He added that to allow osteopathic physicians to enter the Army and to practise on the same footing as regular medical men would 'lower the educational and professional standards of the Medical Service'—a declaration which was plainly contradictory of the fact that the osteopaths who sought entry into the Medical Service of the Army had passed the Medical Examining Board's examination and proved themselves thoroughly qualified by educational and professional training for equality with the regular medical profession.

I have dealt with the progress of osteopathy in the United States in order to show that the difficulties we have encountered in our fight for recognition under British Law were not, in the general sense, exceptional.

The Fight in Britain

Osteopathy encountered in the country where it originated much the same opposition it has met with in Britain; but the obstacles that have to be surmounted in Britain are somewhat different from those which faced the leaders of the profession in the United States of America. In Britain there exists a statutory authority for the regulation of medical practice, which does not exist in the United States. This statutory body, known as the General Medical Council of Medical Education and Registration, was established in 1858 under the Medical Act of that year to take over the powers formerly exercised by the Royal College of Physicians, the universities, and other licensing bodies in Great Britain and Ireland, which until then laid down their own regulations for study and examination and granted degrees or licences without State supervision. The General Medical Council was originally composed of twenty-three members, seventeen of whom were appointed by the various licensing bodies and six by the Crown, but by an amending Act of 1886 the number was increased to twenty-nine, three of the six additional members being elected by the regular medical profession as direct representatives. The powers of the General Council have remained substantially unchanged until within the last year or two, when an additional lay representative was added to it as a concession to public opinion, and in view of the dissatisfaction created by the policy the General Medical Council pursued in relation to the so-called 'irregular' practitioners.

The prime obligation of the General Medical Council was to carry out the avowed purpose of the Medical Act in enabling 'persons requiring medical aid to distinguish qualified from unqualified practitioners'. In pursuit of that object the Medical Register was

established and conditions laid down whereby no person could get his name inscribed on that register unless he held a diploma or licence from one or more of the licensing bodies, after examination according to a standard prescribed by the General Medical Council itself. In practice, however, experience has shown that the General Medical Council has used its powers not solely to establish and maintain a high standard of professional competence, but to confer upon the orthodox school a virtual monopoly of healing practice and to obstruct the development of any other system of healing. In the article written by Mr. Arnold Bennett, from which I quoted in a previous chapter, it is suggested that the General Medical Council is under a cloud by its own fault, ' and that in the opinion of the public it has a bee in its bonnet, the bee being quackery '.

Arnold Bennett on the G.M.C.

Now the public realizes, as Mr. Arnold Bennett says, just as keenly as the Council that quackery must be discouraged: ' But the suppression of quackery is not the sole duty of the Council, and, moreover, it is notorious that there are numerous quacks, often called specialists, within the medical profession, and possibly some who sit on the Council itself. The public has got the impression that what the Council objects to is not quackery, but unorthodoxy, and that in practice the Council would rather a man should die than that he should be cured of his disease by unorthodox methods. A hard saying, perhaps, but there is evidence to back it.'

Evidence to back it there certainly is. How else, indeed, are we to interpret the edict of the General Medical Council that no registered practitioner shall associate himself in any way with the practice of an ' irregular ' practitioner, such as the osteopath, either for the purpose of administering anaesthetics or in

any other way, on pain of losing the right to call himself a registered medical man, and thereby being deprived of his professional status and his power of earning a living as a medical practitioner? It was for the offence of associating himself with an 'irregular' practitioner, Sir Herbert Barker, that the late Dr. Axham had his name struck off the Medical Register. Dr. Axham himself declared, in a letter he sent to the Royal College of Physicians, Edinburgh, when the question of his name being struck off their register of licentiates was under consideration, that he was perfectly well aware of the law prohibiting the association of a qualified with an unqualified man; 'but I am also aware,' he wrote, 'that the Act was passed for the protection of the public from charlatanry, and not to debar them from deriving benefit from valuable methods of treatment because of a discovery of such methods by laymen.'

The first registered medical man who associated himself as anaesthetist with my own practice took the same view; but the penalties attaching to such association were in his case more than he dared undertake at that stage of his career to face. From the decision of the General Medical Council erasing from the register the name of any medical man held by them to be guilty of 'infamous conduct' in a professional respect, there is, as things now stand, no appeal. Years of agitation on behalf of Dr. Axham, for example, whose only crime was to act as anaesthetist to a well-known and reputable bone-setter, failed to secure his reinstatement, and he died, as all the world knows, under the stigma placed upon him by the General Medical Council in the exercise of its autocratic powers.

This self-disgraced trade union, as Mr. George Bernard Shaw called it—not perhaps quite accurately, for the General Medical Council, unlike the British Medical Association, is not a trade union in the

ordinary sense of the word—continues to insist upon the retention of the powers it has abused ; but it has not always ventured to use them in the way they were used against the late Dr. Axham. When I found myself, on the threshold of inaugurating a practice in London, deprived of the services of my anaesthetist, I resolved to join issue with the General Medical Council in the most open and challenging way possible. On December 1, 1924, Sir Walter Runciman, who came to me for treatment in these circumstances, wrote to the *Westminster Gazette* as follows :

A Direct Challenge

SIR,

I have read with surprise and concern of the notice sent out by the General Medical Council to doctors, instructing them not to co-operate with other practitioners. However admirable may be the intention of orthodoxy to protect the public from quacks, such an order has the most deplorable effect on the work of sincere and accomplished men like Sir Herbert Barker and Mr. W. A. Streeter.

I am myself one of the first victims of this order. I have come to London especially to be treated by Mr. Streeter, have cancelled a full week's engagements in order to do so, and now find that Mr. Streeter is precluded from operating because no doctor dare act as his anaesthetist.

Was there ever a position so unfortunate for persons in suffering ? Mr. Streeter has proved the soundness of osteopathy in so many thousands of cases, many of whom are persons of great distinction in public life, and personal friends of mine, that the recognition of this new science ought no longer to be in question. Nine out of ten of the cases cured by Mr. Streeter and other osteopaths have been given up by orthodox doctors as beyond their skill.

I myself am one who has failed to find relief from them. It should be for me to judge if there is any danger in taking this treatment, and I don't think there is a scrap.

It is against the true interests of science, and emphatically against the interests of sufferers, that a really scientific

system like osteopathy should be hampered any longer by the indiscriminating orders of the most exclusive trade union in the world.

Yours, etc.,
WALTER RUNCIMAN

The warning issued by the General Medical Council to regular medical practitioners, informing them of the penalties that would be inflicted upon those who associated themselves with 'irregular' practitioners like myself, I felt to be a blow struck at the very foundations of our profession in Britain. It advertised to the public the contemptuous attitude taken up by the regular medical profession towards the osteopath whom it classed along with the herbalist, the bone-setter, chiropractor, faith-healer, and electrical practitioner as a quack and charlatan. It seemed to me to be necessary, therefore, not only to bring osteopathy to the knowledge of the British public as a rival system of healing, but to challenge the monopoly claimed by the orthodox medical profession in the practice of healing systems. It was necessary to show that the General Medical Council, as the authority which controls the practice of the healing art in Britain, was abusing its statutory powers in preventing the development of new scientific principles and technique based on a different theory as to the causation of disease from the theory taught in the British medical schools. And with this object in view a vigorous agitation has been carried on through the newspapers and in Parliament for the purpose of securing amendment of the Medical Act under which the General Medical Council exercises its powers.

As the law now stands, the practice of new methods of healing is possible only on condition that the practitioner is prepared to place himself in the position of an outlaw. Evidence has accumulated in the course of the controversy excited by the policy of the

General Medical Council that the real ground of objection taken by the orthodox medical profession to osteopathy is that its practitioners claim to represent, not an auxiliary form of treatment, but a separate, complete, and independent system which, they suggest, is entitled to the same opportunity of developing its principles and characteristic technique as ordinary medicine enjoys under the existing law. The public, which maintains hospitals and clinics, by subscription, taxation or in other ways, cannot now obtain osteopathic treatment in these public, or quasi-public institutions. Why should entry be denied to us? We have a different etiology and diagnosis, prognosis and treatment, and we ought to have the same opportunity of testing our principles and developing our technique, in the public interest, as the orthodox school enjoys. This has not, of course, been admitted. It has been on the contrary, the practice of the spokesmen of the orthodox profession to classify osteopathy with chiropractic, massage, electrical treatment, and other nondescript methods. It has not proved to be easy in the course of a prolonged controversy to convince the official spokesmen of the regular medical profession that what the osteopath is concerned with, in seeking legal recognition and regulation of osteopathy, is the protection of the public rather than the protection of the profession, and also to prevent the degradation of the healing art by uninstructed and incompetent practitioners of any school. It remains to me a puzzle, which I do not profess to be able to solve, why the efforts of the osteopath to secure a proper legal status in Britain should be so stubbornly opposed. One would have thought that if the General Medical Council were really anxious to protect the public, to maintain the standards of medical practice, and to put a stop to the activities of quacks and

Orthodoxy's Real Fear

charlatans who batten upon the credulity of the public, its course would be clear. It should support the osteopath's claim for the establishment of an Osteopathic Board to regulate the practice of osteopathy, to prescribe its standards of training, and to see that none but qualified practitioners are permitted to call themselves doctors or osteopaths. In opposing this proposal the orthodox profession does indeed actually perpetuate the evils about which it complains. It leaves the door open for any ignorant and incompetent person to fasten parasitically upon the science and art of healing.

Legislation of the kind indicated is necessary for the regulation of osteopathy in Britain for three specific reasons:

1. To protect the public against the dangers involved in the practice of the healing art by unqualified and incompetent persons;
2. To protect the science by prescribing the standards of education and professional training for the osteopathic practitioner, and to define his responsibilities and privileges before the law as those of the ordinary medical man or the dentist are now defined; and
3. To safeguard the position of the osteopathic practitioner by measures for the exclusion from the profession of unqualified and incompetent persons.

Osteopathy's Claim for a Separate Board

It has been suggested that these objects could be met if the General Medical Council would give recognition to osteopathy and permit the addition of a course of training in its principles and technique to the ordinary medical curriculum in the schools. The assumption underlying this suggestion is that osteopathy is merely an auxiliary

form of treatment; but inasmuch as osteopathy differs fundamentally from the orthodox school of medical thought, both in regard to foundation principles and in respect of its technique, as well as in its theory as to the causation of disease, the osteopath has all along contended that the only practicable measure is to place it under the control of a separate Board of Registration and Regulation and to allow it to develop, as other systems have developed, with complete freedom, taking care only to insure that its practitioners are required to qualify in the same way as ordinary medical men in accordance with the highest possible standard of education and professional competence.

For the proper regulation of osteopathy it has always appeared to me to be necessary that the existing law should be altered in consonance with the following conditions:

1. That the proposed Board of Registration should be a separate and distinct Board, independent of the regular medical profession, and charged with the responsibility of defining and maintaining the educational standards and professional training required of the osteopathic practitioner.
2. That the bona-fide osteopath who satisfies this Board that he possesses the requisite qualifications, knowledge, and skill shall be entitled to be registered and to receive the assistance of an ordinary medical man for the administration of anaesthetics, or, alternatively, at his own discretion, to have the right of administering anaesthetics himself as the registered medical man now does.
3. That steps should be taken to institute a special university degree in osteopathy which shall qualify those who hold it for practice, and that

arrangements should be made to open the medical schools of the universities to osteopathic students in so far as the curriculum of general medicine and osteopathy can run concurrently; and also to make the hospital and clinical work now available to medical graduates available also to osteopaths.

4. That the Board of Registration should not accept the diploma or certificates issued by schools or colleges established for the teaching of osteopathy in Britain; neither should it recognize the significant licensed diploma granted in similar instances in any foreign country, or any dominion, as entitling the holder to practise osteopathy in Britain, until the Board is satisfied that the standard of education, competence, and professional skill exacted from students in such institutions is equal to that required for the granting of the proposed university degree in osteopathy.
5. That the qualified and registered osteopath should have the same rights, privileges, and immunity as regards the signing of all medico-legal documents such as death certificates and other reports, recovery of fees, court recognition as medical experts, attendance at inquests, etc., as the registered medical practitioner enjoys.
6. That the procedure as to registration, de-registration, penalties for professional misconduct and rights of appeal instituted by the proposed Osteopathic Board shall be on the same terms as the procedure of the regular medical profession.
7. That practitioners of other forms of treatment, chiropractors or bone-setters, should be prohibited from practising unless they take steps

> to qualify within a reasonable period of time, either by taking the recognized medical degrees or the degree of osteopathy. Qualified practitioners of all descriptions could have no reasonable objection to taking steps to register when measures are provided under such a proposal as here formulated to establish the conditions under which a school of mechano-therapeutics might come into existence in Britain.

I Appeal to Members of Parliament

Such were the principles which I laid down for my own guidance when I sought to call public attention to the disability under which the osteopath is obliged to carry on his work in Britain at the present time. With the object of securing legislation on these lines I sought to obtain the interest and support of Members of Parliament. It was not difficult to show that the action of the General Medical Council in prohibiting registered medical men from associating themselves with the osteopath was a genuine disability. For long my own practice was seriously obstructed by my failure to obtain the services of a registered medical man to administer anaesthetics to patients who came to me for the osteopathic treatment of deafness described in a preceding chapter. Fortunately, about four years ago, I was able to secure the co-operation of a registered medical man of the highest standing, Dr. Frank Collie, who was prepared to take the risk of de-registration; and he has worked with me in the most public manner possible at the Clinic I established for the osteopathic treatment of deafness in London—an institution which, as I tried to show in a previous chapter, brought the benefits of osteopathy within the reach of the poorer class of patients, and demonstrated

to the public and the Press the nature of our claims and the quality of our service.

G.M.C. Shy of Action

Inasmuch as the General Medical Council, though fully aware of Dr. Collie's association with my practice, has not ventured hitherto to take action against him, it might be inferred that the grievance alleged is more apparent than real; but I fear it must be said that, with the memory of the action taken against Dr. Axham painfully present to their minds, the members of the General Medical Council have not been anxious to involve themselves in another controversy of the kind by taking steps against my medical associate and colleague. The real point of importance is, however, that the powers possessed by the General Medical Council under the existing law might at any time be invoked against registered medical men who expose themselves, as Dr. Collie has done, to the penalties attaching to their association with irregular practitioners like myself. It is evident therefore that before the osteopath can enjoy complete freedom and confidence in the practice of osteopathy in Britain, and be assured that his work will not suffer by some sudden crisis caused by the terrorism of the General Medical Council, changes in the law are necessary. Such changes are not easy to obtain. Discussions have taken place in Parliament which have shown quite clearly that the influence of the orthodox profession stands in the way, and that it has succeeded in so thoroughly confusing the issue that it is possible for a member of the Government to suggest to the House of Commons that what the osteopaths desire is a lowering of the standard of medical education and not a strict enforcement of the highest possible standard. Thus the Minister of Health, the Right Honourable Neville Chamberlain, said in the House of Commons on February 9, 1926:

There are no qualifications by which any Board can distinguish between osteopaths and enable them to be put upon a separate register. You would be put in this position, that you would have to fall back upon the diplomas which have been given by the American Colleges over whose curricula nobody in this country has any control whatsoever. I think the House will agree that to ask us in this country to accept diplomas from another country, the value of which we really could not pretend to examine, and over the qualifications for which we have no control, is really not a practical proposition.'

The minister was interrupted at this stage by a friend of the osteopaths, Mr. Basil Peto, who said :

'If my Right Honourable friend will excuse my interrupting him for one moment, it is hardly fair to say that we are asking that American degrees in osteopathy should be recognized in this country.' And Mr. Peto went on to point out that what the British osteopaths proposed was, along with the creation of a separate Board, as I have already made clear, the establishment of their own institutions for the training of osteopaths and the conferment of degrees.

To this the minister replied that he saw no reason why the British osteopaths should not follow this course, and it seemed to him it was the only way in which they could achieve what they had in view :

'If they want to have a register of osteopaths set up in this country, the first thing for them to do is to start colleges of their own. Let them do so. Let them give the diplomas. They will be forced, eventually, I prophesy, to do what has been done in America, and what the honourable member who moved the motion said they were doing there : that is to say, their curriculum would gradually have to conform to something very nearly approaching the normal curriculum in this country.'

A Status Necessary

The sentences I have quoted from the speech of the Minister of Health betray a serious misunderstanding of the position in which the osteopath now stands. It is perfectly true that there is nothing to prevent British osteopaths establishing a School of Osteopathy, but it is difficult to see what influence such an institution could have, or what hope there would be of attracting a desirable class of students to it, as long as the profession itself enjoys no proper status and its practitioners are classed by medical men with quacks and charlatans who are exploiting the credulity of the public. The position that the graduates of such a college would hold in the community would not be different from the position now occupied by osteopaths in Britain who hold the degrees of the reputable and recognized osteopathic colleges of the United States. The existence of such a school in Britain would provide no sort of guarantee that the legal position of the osteopath would be altered as a consequence of such schools being started. The disabilities under which the osteopath now carries on his work would remain. Indeed the disabilities would be multiplied and intensified if and when such schools turned out an increasing number of graduates seeking to practise the profession. It is as certain as anything can be that the ban placed by the General Medical Council upon the association of registered medical men with the osteopath would then be more stringently enforced against every practitioner who assisted an osteopath by administering an anaesthetic. It is quite obvious that the mere development of osteopathic schools in Britain will not solve this problem. There is, in fact, no solution, except to press for legal recognition and a separate registration Board, independent of the medical profession, and charged with the responsibility of defining and

maintaining the educational standards of the profession. Such standards cannot be enforced until such recognition has been obtained.

Establishment of Schools not Necessarily the First Step

It is in fact strictly beside the mark to argue solely for the establishment of osteopathic schools in Britain as a means of placing the profession on a proper footing. It is more to the point to emphasize the fact that the reputable osteopath who has obtained his qualifications in the United States has been required to undergo a course of training that is actually quite as exacting as that undergone by the average medical practitioner in Britain, and is in fact more exacting than the average minimum requirements of the standard medical colleges in America. The public is misled by the propaganda of the General Medical Council, whose purpose is to assert that osteopaths are not qualified to treat, or even to diagnose, most forms of disease. It is implied that there is something dangerous in submitting to osteopathic treatment, and that in the last resort the cure for bodily ills must be sought at the hands of the orthodox physician or surgeon according to the nature of the trouble. Thereby, as I profoundly believe, the people suffer a grievous loss. The fundamental question at issue is whether the development of the science and art of healing is to be obstructed by a practically autocratic body, exercising statutory powers, not in the interests of the community as a whole, but primarily for the protection of the privileges and vested interests of a particular school of medical thought and practice. It is, in my view, essential, as a matter of public policy, that no obstruction should be placed in the way of developing the science and art of healing.

If orthodox medicine, professedly an eclectic system, ready to take account of all additions to scientific

knowledge and to use the fruits of research, had shown itself prepared to welcome with open minds the promulgation of new doctrines and the testing of new methods, the case would be different. But for several hundred years orthodox medicine has been practically at a standstill so far as the actual cure of disease is concerned. Investigations by learned and able men have been carried far, but, leaving out of account the triumphs of modern surgery, little has been done by the regular medical profession to assimilate the far-reaching theories and careful work of scientific men. It is still true that the medical schools continue to educate their students in the properties of hundreds of drugs more than nine-tenths of which the intelligent physician would never dream of prescribing for any ailment whatsoever at the present day. To all intents and purposes, as I have already shown in earlier chapters, modern medical practice has definitely parted company with the teaching of the established medical schools, and the popularity of new health cults attests the changing direction of medical thought, away from the traditional ideas concerning the curative action of drugs.

CHAPTER XIII

SHOULD WE ADVERTISE?

THE educational propaganda and political agitation described in the preceding chapters bring into the foreground a question upon which there is considerable diversity of opinion. Ought medical men to advertise any claim they may make in regard to new principles and methods of treating disease? Should they make a secret of any new technique which may be evolved for its application to bodily ailments? These are questions to which an answer is not easily made.

The Question of Advertising

In theory, the orthodox medical profession is resolutely opposed to advertising, and imposes severe penalties upon the individual medical man who violates professional ethics by personal publicity of any kind. In practice, of course, a good deal of publicity and self-advertising escapes condemnation from the regular profession by reason of the skill and subtlety with which it is carried on. The medical mandarins who sign bulletins recording the progress of distinguished patients in their care are not held to be advertising themselves. The orthodox surgeons who perform operations on famous people with the whole world, as it were, looking on and following the progress of the case through announcements in the Press, are not regarded as having exploited the arts of publicity. A certain amount of glory is allowed to be the meed of medical men whose researches result in the preparation of a new drug or serum, and they are permitted to profit by the commercial exploitation of their discovery and the personal publicity attaching to it. But all

this is not regarded as a violation of professional ethics such as that which is held to have occurred in the case of a regular medical man who wrote an article in which he claimed to have invented a new and infallible treatment for common ailments such as influenza or colds in the head.

Is the Ban on Advertising Just?

From the point of view of public policy, however, the arguments against publicity, propaganda, and advertising in respect of new methods of treatment or new principles of healing practice carry less weight. Why should the sufferer afflicted with any of the ills of the flesh be denied the fullest possible opportunity of learning all that can be said or proved in regard to new discoveries likely to benefit his case ? If new drugs or sera are advertised, if new instruments are invented which can be used to assist the work of the medical man or to give ease and comfort to the patient, it is not considered to be derogatory to the healing profession to make them known by the usual methods of advertising. What is the vital and essential difference between this form of publicity and that which the regular medical profession condemns as unethical ? Still more to the point, on what ground is the publicity or propaganda objected to when it is designed to call public attention to developments of the healing art which cannot otherwise be brought within the cognizance of those who suffer pain and ill health ? In my own experience I have never felt one would be justified in withholding from the public any scrap of information about osteopathy, or in concealing from other practitioners any part of the technique I employ in the treatment of cases brought to me. It has been a cardinal conviction with me that the public has a right to know and that no practitioner has a right to make a secret of his technique or to seek to secure a monopoly of its practice.

Of the art and science of healing especially is it true that its benefits should be 'in widest commonalty spread', and I utterly fail to see how this can be done without resort to the modern highly organized art of propaganda and publicity.

Why I Closed the Clinic

Although my Clinic entailed considerable pecuniary sacrifice to me and necessitated the foregoing of my annual vacation and the giving up of *all* recreation during the period of its existence, yet I have no regrets on my own account and would have carried it on indefinitely had it been possible to obtain the assistance of qualified helpers. Had the osteopathic profession been regulated we would not have been in that fatal predicament, for we could then have attracted to our ranks the ablest and most suitable young men and women who, with a guaranteed career before them, would have been available as assistants in that work.

Its Dual Function

The function of the Clinic was primarily to help necessitous people to participate in the benefits which the osteopathic art is enabled to offer, but it fulfilled a purpose which, in the opinion of many, is far more important. That purpose was to provide an opportunity for the demonstration of our technique and a wider recognition of its value, with the ultimate object of placing it in the impregnable position of an established and unquestioned principle of the healing art. Nothing was kept secret, not even from those who have hitherto regarded us as their foes, and none were more welcome than members of the orthodox medical profession.

What, indeed, has the osteopathic practitioner, so long as he is a qualified and capable worker, to fear from those who are opposed to his methods? To my mind the greatest peril which can threaten us is a

continuance of the atmosphere of mystery which our critics, in most instances, have themselves created.

There is no Mystery

We have nothing to gain from the setting-off of 'smoke-bombs' such as the employment of a jargon of compounded foreign terms, nor do we need to cultivate and nourish the idea that we are the sole repositories of some secret gift or miraculous power which we alone, of all men, have divined and of which we are entitled to act as the sole guardians until we pass out of this life. There may be secrets which men are justified in taking to their graves—dark secrets, which would mar the happiness of living people, besmirch the memory of the dead, or do irreparable injury to the public weal; but if any man has a technique which has proved to be of benefit to suffering humanity, whether that technique has been communicated to him by another or is self-discovered, I am constrained to believe that it is his duty to humanity not to regard his endowment of healing power as a life-annuity ending with his own death.

It was with such a conviction in my mind that I suggested to one of the foremost 'unorthodox' practitioners of our time that, before his retirement from his large practice, he should demonstrate his technique and not allow any part of it that might be his own special and personal possession to be lost to humanity, perhaps for all time. I fear that my persuasive powers have not been equal to the occasion, but I am not without hope that he will yet realize how he can serve the cause he and I have so much at heart, and that he will fulfil the promise which he made to me in January 1925 to demonstrate his technique. He accepted the offer of an honorary degree from the American School of Osteopathy, made through me in February

Open Demonstration a Moral Obligation

1925, but when he visited the United States he did not find an opportunity for attending the official ceremony at the school which is necessary when such degrees are conferred. Whilst I regret on personal grounds this omission of the first British practitioner selected for this honour to comply with the stipulated conditions of conferment, I am the more concerned because point is thereby given to the charge made by Lord Dawson of Penn and others that there is a reluctance (I think Lord Dawson said a refusal) to demonstrate the technique for which these honours were conferred. Yet I am optimistic enough to hope that others may succeed where I have failed, for there can be no greater benefaction to humanity than the spreading of knowledge, great or small, which aids the sufferer to regain his natural birthright of health and well-being.

Osteopathic Institutes Abroad

When I think of the sacrifices entailed in the conduct of my Clinic, the sacrifices made by my medical co-worker, my nurses, and my family, I can realize how transcendant are the benefactions of such osteopaths as Dr. A. G. Hildreth, who founded the Still-Hildreth Osteopathic Sanatorium at Macon, Missouri, and of Dr. George Laughlin (Dr. Still's son-in-law), who gave £200,000 as a gift to foster the education of students at the Kirksville College of Osteopathy in America, and others too numerous to mention. Not only are the benefactions themselves of outstanding generosity, but they embody the spirit in which we, who are engaged in the art of healing, orthodox or unorthodox, should pursue our calling. The donors undoubtedly believe that such gifts as they possess are not their own personal entailed property but a trust to be administered during their own lives and to be bestowed upon those whose educational attainments will enable them to practise them for the

LOS ANGELES COUNTY GENERAL OSTEOPATHIC HOSPITAL, 1928, THE FIRST TO BE BUILT WITH PUBLIC FUNDS

benefit of human beings who are in need of the help which osteopathy can give.

Holding such views, my surprise may be imagined when I received from Sir Herbert Barker a letter written to him by Lord Knutsford, Chairman of the London Hospital, which refers to this question of demonstration. It is couched in those vigorous terms in which Lord Knutsford is a past-master, and I give a full copy of it:

Lord Knutsford Enters the Ring

LONDON HOSPITAL, E.1
23.1.26

DEAR SIR HERBERT BARKER,

Unless I mistake not Mr. Wilfrid Streeter has claimed to cure deafness by osteopathic treatment. He offered to show his methods to Mr. Norman Patterson, one of the staff of the London Hospital, and to show cures and to treat patients sent to him by Mr. Patterson. But though Mr. N. P. has constantly written to him he tells me he can get no answer from Mr. Streeter and no satisfactory arrangement.

This is not the way to get recognition for osteopaths. You are welcome to send this to Mr. W. S., whose address I do not know and cannot find out, but you are in touch with him.

Yours, etc.

(*Signed*) KNUTSFORD

Sir Herbert Barker duly forwarded the letter, and thus saved Lord Knutsford the trouble of looking up my name and address in the usual works of reference (including the London Telephone Directory). The discriminating reader will realize that this letter, coming from one whose experience in controversial matters might fairly be described as unique, had a most circumstantial and convincing aspect. Here is an

indictment, not a suggestion. The name of a well-known surgeon is offered as evidence and there is a categorical allegation which would appear to justify the returning of a 'true bill' by any jury, grand or otherwise, against the unfortunate prisoner at the bar.

And yet the accused here enters a plea of 'Not Guilty'.

Before putting in my defence, however, I might refer to some other correspondence which passed between Viscount Knutsford and myself in 1925—only a few months previous to the penning of the remarkable letter which I quoted above. Incidentally, if Lord Knutsford found any difficulty in ascertaining my address he might have looked up this earlier correspondence.

I had addressed a letter to members of the Upper House asking for their influence on behalf of the effort to promote legislation to place osteopathy on a sound basis. This is the reply I received from Lord Knutsford:

KNEESWORTH HALL
ROYSTON, HERTS

DEAR SIR,

Re your Circular Letter

You will certainly get no help from me in the legislation you seek. I am deaf myself, and I have learned enough from fellow sufferers what they have gone through from osteopaths to make me distrust the treatment.

Of course you will say that the aural surgeons on the staff of hospitals are jealous. But can you tell me of any good aural surgeon who will testify to osteopath cures for deafness?

Yours, etc.
(*Signed*) KNUTSFORD
Chairman London Hospital

Hostile though it was, I replied to that letter, and said that the new treatment must submit to impartial

investigation, and I was in hope that Lord Knutsford would take up this suggestion and ask for one. That was in June 1925, but I did not hear directly from Lord Knutsford until October 10th, when he flung at me an epistolary bomb in connexion with my Clinic, then just attracting attention in the Press. The letter read:

—and Flings a Bomb

RAEHILLS
LOCKERBIE, N.B.
October 10*th*

DEAR SIR,

I should be obliged if you will tell me whether your Clinic for the treatment of deafness is open to any member of the surgical staff of a hospital which I attend.

I am deaf myself, but I have known considerable harm done to a relation by an osteopath.

And it is rather against the ethics of your profession to have a picture in the *Mirror* of yourself and your theatre.

Yours faithfully,
(*Signed*) KNUTSFORD

There was humour in the letter. Lord Knutsford's condemnation of publicity, in the wide use of which, when appealing on behalf of the London Hospital, he is without a compeer, had a brightening effect on my life for quite a long while. Yet here was an opportunity for courteous co-operation at last, or so I imagined, and I withheld the bomb and held out an olive branch in the following terms:

I try Conciliation

'UPPER FEILDE'
71, PARK STREET, GROSVENOR SQUARE
LONDON, W.
17*th October*, 1925

VISCOUNT KNUTSFORD.

MY LORD,

I am sorry I have been unable to answer your communication of October 10th ere this. Most assuredly my

Clinic for the treatment of deafness will be open to any member of the surgical staff of the hospital you attend, but I would like time to get it in proper running order before receiving visitors. I am trying hard to raise the standard of osteopathy both as regards preliminary training and professional study, and thus obviate any such danger as you say befell your relative. If the medical profession would co-operate, it would be an easy matter to pass a law which would control all irregular forms of treatment.

In general, I agree with your suggestion that members of the healing profession should not indulge in personal publicity. For twenty-two years I conducted my practice on strictly ethical lines, and until recently never allowed my name to appear in print, much less my photograph. This worked very well as far as I was concerned privately, but as a result of my success others started practice without the qualifications I possess. They began to advertise and represent themselves as fully qualified practitioners of osteopathy, and did the cause much harm. I could see the same thing would happen with regard to our treatment for deafness, and I was determined that osteopathy should get the credit for its own discoveries in this particular, if possible—hence my publicity and the Clinic, where I hope to demonstrate the osteopathic principle, to the benefit of the necessitous poor.

Yours faithfully
(*Signed*) Wilfrid A. Streeter

But with no Effect

I do not claim to be an exceptionally long-suffering mortal, and I never won a prize for meekness and docility in my school—in my baseball days at college we esteemed it a virtue to be ' quick on the return '—but I had made up my mind not to be outshone in the field of polite controversy. Hence the effort (whether successful or not) to restrain my inward promptings to indulge in a verbal ' rag '. I was anxious to demonstrate my technique, even to the nominees of a hostile critic ; epistolary rowdyism, I fancied, might ruin such an opportunity.

Here is the letter which came from Lord Knutsford. It seems to me that his lordship forgot the original motive which prompted his letter of October 10th, although only ten days had elapsed since he wrote it. The letter of October 20th read:

RAEHILLS
LOCKERBIE, N.B.
October 20th

DEAR SIR,

Because disreputable men advertised, and did the cause harm, is that an adequate reason for your doing so? Many disreputable Drs. and 'Healers' and so on advertise, but you never heard of a respectable physician or surgeon doing so. To do this puts you in the same crowd as the bad ones. Most osteopaths in this country are Americans. Are you?

May I know your qualifications? I am interested in any work for the deaf as I suffer myself from that weakness.

Yours faithfully
(*Signed*) KNUTSFORD

On October 21, 1925 I replied thus:

'UPPER FEILDE
71, PARK STREET, GROSVENOR SQUARE
LONDON, W.
21st October, 1925

VISCOUNT KNUTSFORD.

MY LORD,

What really matters is whether my treatment is able to prevent or relieve deafness. As far as I can see, it makes no difference whether I am American or English. I have already explained my reason for indulging in this form of publicity, and I gather it will serve no useful purpose to continue the discussion along these lines. If you are at all interested, I shall be pleased to demonstrate my treatment to you by appointment.

Yours faithfully
(*Signed*) WILFRID A. STREETER

The Stony Path of the Unorthodox

And now to return to Lord Knutford's indictment. I do not propose to reprint the correspondence with Mr. Norman Patterson; it can be produced if anyone thinks it worth while. To be quite frank, I would not have dealt with this matter at all but that it is a clear indication of the misconceptions which are created, and is illustrative of the difficulties which are constantly placed in the path of those who are unorthodox or out of tune with the great medical orchestra.

Briefly, Mr. Norman Patterson (surgeon to the Ear, Nose, and Throat Department at the London Hospital) telephoned me in July 1925, asking if I would demonstrate my technique. I replied by letter and asked him to select three cases of first or second degree catarrhal deafness. I would examine them and operate in his presence; there would be no fees charged. He replied on July 29, accepting my offer, but said that he would probably leave it till the autumn as he was going away on holiday. Late in October he sent me a case for examination, and I arranged to operate in Mr. Patterson's presence—keeping two hours entirely free for him and his patient. On the evening before the operation I received a letter from his patient saying that she was going away on a holiday 'to the desert'. She asked me to ring up Mr. Patterson and tell him this.

And that was the only case Mr. Patterson ever referred to me. On receiving Lord Knutsford's letter I telephoned Mr. Patterson, pointing out the inaccuracy, and he promised to explain to Lord Knutsford. That is nearly four years ago, and I still await the result; also I await the patients who were to be operated upon for demonstration purposes. I fear that my vigil will be prolonged.

But to return to the question whether osteopaths or

The Sins of Orthodoxy

doctors should advertise, Lord Knutsford was probably unaware, when he assailed me on the question of publicity, of the imminence of the plunge about to be taken by the orthodox profession into the ocean of advertising. It is probable that the birth of the New Health Society was entirely outside the calculations of Lord Knutsford, although the possibility of its appearance must have been in the minds of many leaders of British Medical policy for a long while. They could not have been unaware of the developments in the United States, where the American Medical Association have for some years been publishing a popular periodical entitled *Hygeia* in order to reach the lay reader and to provide a pulpit from which he or she (especially she) might be exhorted, admonished, or encouraged. Nor could the British medical intellectuals have been ignorant of the publicity carried on by local medical societies in the States, where articles on public health appear as advertising matter and a list is appended of the medical men and women who belong to the local society; whilst the campaign which I had inaugurated in the Press and parliament a year before the incorporation of the New Health Society, could not have escaped their notice.

'Group Advertising' in America

Although in the United States medical advertising by an individual doctor is regarded with as much abhorrence as in the British Isles, the force of economic circumstances has brought into being the principle of 'group advertising', which has assumed the character of a sacred crusade, whereas the direct appeal of an individual medico is still anathema. The question is: *Should a medical group be permitted to do* (by direct or indirect appeal) *what is denied to the individual practitioner*?

Perhaps it will not be out of place if we consider

such factors as we are cognizant of in their relation to the new development in group advertising which the New Health Society obviously stands for. I cannot claim to have any information in regard to the formation of the New Health Society, apart from what is known to the general public, but there are certain phenomena which cannot escape the notice of the observer who takes an interest in this subject. My own view is that what has been happening in America for some time has begun to take place in Great Britain, and that economic pressure has an important bearing upon the question of medical publicity.

Its Adoption in Great Britain

Owing to the more conservative nature of the British public and to the close organization of the medical profession, the economic pressure has come later in the British Isles; competition has been delayed and has been less formidable than in the States. Yet the competition has been gradually increasing owing partly to the population of Britain having made no great leap forward in the last twenty years, whereas the number of people seeking a livelihood by scientific (and perhaps unscientific) means has risen considerably. The most important phenomenon of all, however, has been the turning aside of the public from the orthodox channels in order to pursue new cults which promised the maintenance of health and cures for disease and injuries. It has not been denied that in America fully 40,000,000 persons turn to unorthodox methods when they are ill. Whilst in Great Britain the small provincial towns and rural parishes remain the monopoly of the local doctors, there have appeared in the larger towns and cities exponents of methods which, under different titles, have attracted to their consulting-rooms vast numbers of patients who were deriving no benefit from orthodox treatments, or were so impressed by the unfortunate experiences of

others, that they decided to act in direct opposition to the philosophy of Hamlet, when he declared that we would

> . . . rather bear those ills we have
> Than fly to others that we know not of.

The Insurance Act of Mr. Lloyd George had brought nearly all the poorer wage-earners into the net of the panel doctor, and was an excellent thing for many young or struggling medicos who dared to risk the contumely of their older and better-off brethren. This Act made democracy safe for the doctors, but it left the middle classes and the upper classes free to choose for themselves. The spirit of unrest and dissatisfaction, of which Mr. Bernard Shaw's *The Doctor's Dilemma* was a lively symptom, had sapped confidence and nourished suspicion. Worse still, it had made a difference in Harley Street, Welbeck Street, Upper Wimpole Street, and all through the profession the effects of this critical and almost hostile attitude were lamented and deplored. It was apparent that some means of reaching the public had to be found, and that the upper and middle classes should be won back to the old fold wherein the poorer classes had been effectually concentrated by the Insurance Act. As in America, so in Britain—the rule against direct advertising was scowled at with lowering brows, and fists were shaken at it in quiet corners. A good deal of general publicity was already being done in the way of articles signed by 'A Physician' or 'A Harley Street Specialist', but it remained for the New Health Society to stand out definitely for signed articles by well-known specialists in the daily and weekly newspapers and broadcast talks on the wireless. The founder, Sir William Arbuthnot Lane, resigned from the British Medical Association. He gathered round him a large band of enthusiasts, and the New Health

Why it Became Expedient

Society became a publicity organization run by doctors and surgeons on the 'group principle in advertising'.

Meets with Feeble Remonstrance

Although some of the leading medical men, notably Sir Thomas Horder, were against the scheme, nothing drastic has happened to those whose names appear as authors of the articles in the Press, nor do those who broadcast wireless talks announce themselves as 'anonymous advocates' in the cause of health. There is usually an adjuration to call in the family physician at once if anything seems wrong, or to seek medical advice if any of the symptoms 'described in the foregoing article' have been observed. Apparently we may infer that this sop to the general profession is the easy penance which obtains absolution for the once-unforgivable sin against the ethics of professional conduct.

It may be not out of place if I quote here from an article which appeared from the pen of G. A. McDonald, M.D., in the *Bulletin of Ambulant Proctology* for October 1928 which is edited by Charles Elton Blanchard, M.D., the leading exponent of ambulant proctology in the world :

> The medical profession is operating under an asinine and antiquated system of ethics which prohibits the doctors from advertising. But, and if, the editor writes the article, and makes the doctor a present of the space, that is regular and all right. Nothing wrong about the publicity, *just so it is free* and comes unsolicited. . . .
>
> This free advertising is devoted almost exclusively to the promotion of distinguished M.D.'s. . . . to the detriment and ruin of the small-town doctor, and the small doctor in large towns. . . . Such a system of ethics is pure bunk . . . it provides no means of informing the public where they can get treatment for what ails them. . . .
>
> Thus worketh the mysteries of medical ethics, a loss to

all concerned, and a blasting of the physician's usefulness to humanity. . . . If Smith sends Dr. Jones a patient, and Dr. Jones does not object, he is an advertiser according to English ethics. . . . Our code, upon strict interpretation, leads to the same conclusions. . . .

Not many moons ago . . . Sir Arbuthnot Lane, a surgeon of renown, had become so far liberalized and modernized as to recommend the writing of articles for the public Press over the doctor's signature. . . . This method was dubbed 'oblique' or 'indirect' publicity. . . .

We pay no attention to such hair-splitting technicalities here, but just go ahead ignoring the code without 'batting an eye' . . . We have no objection to any editor paying a well-deserved compliment to our brother-practitioners. . . . That which is practised as sound ethics here is an ethical crime in England. . . .

If we do not tell the people where they can get cured the cults will, and our silence will be construed as a lack of ability, while the extravagant claims of the quacks will be taken as God's gospel truth . . .

These criticisms did not appear in an osteopathic journal, but in a publication which expounds the orthodox medical views on disease, so that there can be no suggestion of bias against medicine.

The Delinquents Unashamed

Publicity is the whole essence of the New Health Society, which does not expound any new doctrine nor offer any new interpretations of the ancient dogmas. It would appear to do for orthodoxy what the advertising agent does for the patent medicine vendor, or for the untrained charlatan who wants money and wants it quickly. Articles are written to appeal to different classes. Even athletes are told that they may suffer from intestinal poisoning, and a special article is published informing them of their danger. The only symptom mentioned is early morning irritability; the cure is held to be the destruction of the bacteria to which the putrefactive changes

in the intestinal canal are due; and the remedy recommended, after several hundred words of descriptive matter, interwoven with a quotation from Sir William Arbuthnot Lane's writings, is to seek medical advice! There is nothing new, either in the theory presented or the treatment advocated, in articles of this type; the ideas were venerable when the brimstone and treacle 'cure' was in its juvenile vigour. All that, however, is by the way; it simply shows that here there is no new message. The only new thing that the New Health Society is doing is to defy the old ethical doctrine that doctors must not advertise.

New Conditions: New Methods Necessary

After all, there are many principles which are admirable in theory, but change in their value under the pressure of new conditions, and especially under the influence of imitative competition from camouflaged practitioners (or quacks). For many years I maintained the strictest standard of orthodox ethics in eschewing all the arts of publicity; I wrote practically nothing, either in exposition or in defence of osteopathic principles, and was content to carry on my work without professional or personal advertisement of any kind. I did not find it necessary to employ these arts in building up what I believe myself entitled to describe as one of the most successful practices in the world. It was a pioneer practice in Europe, and my partner and I during our earlier years in Scotland might have been justified, by the conditions then obtaining, in resorting to advertisement; for osteopathy was then practically unknown in Europe. It had not begun to interest the public. But I found myself so occupied in coping with the development of my practice that I had no time to consider the possible uses of publicity.

Certainly my views have changed. What caused me to change my attitude was nothing connected with my personal position as an osteopath, or with the extension of my practice. It was rather the discovery that the reticence and modesty of osteopaths were being taken advantage of, to our detriment, by practitioners of other schools, quacks and empirics who had learned the value of attaching themselves to the osteopathic cause. I found that chiropractors and bone-setters were in this way beginning seriously to compromise the status of osteopathy as a new scientific system of therapeutics. And when, several years ago, I found myself stigmatized by the General Medical Council of Britain as an 'irregular practitioner' with whom no registered medical man could fitly associate, I decided that something must be done to educate the British public and the British medical profession—not to mention Parliament and the Press—regarding our claims. I began an educational compaign in which I endeavoured to turn the searchlight on the principles and technique of osteopathy and not to advertise myself. Proof that I was not out for self-advertisement lies in the fact that I began public propaganda by means of demonstrations of constructive finger surgery by inviting Dr. C. Paul Snyder to cross the Atlantic to join me, which he did, and his work had a great deal to do with awakening public interest in osteopathy in Britain. Inevitably, as the campaign developed, I have been compelled to make it more and more a personal effort, and this has exposed me to the charge of having violated professional ethics in so far as they discountenance anything in the nature of advertising.

Why My Views have Changed

But my conscience is clear in this matter, and when I see what the New Health Society is doing I am filled with regret that osteopathy in Britain has been so

tardy in its appeal to the public. I do not share the view, which some of my colleagues appear to hold, that there is something immoral and dangerous in publicity. Modern commercial enterprise contradicts that benighted and childish view at every turn, and honest publicity is even more a service to the public than it is a benefit to the advertiser.

Since this chapter was written the newspapers have announced that the General Medical Council has elected a Central Council whose duty it will be to issue weekly articles on health to the lay Press—these articles to be signed by well-known medical men who have a special knowledge of the subject treated. The first article was upon 'Influenza' and gave simple hints on hygienic avoidance of infection, but had no counsel to offer to the smitten except that they should go to bed and send for a doctor. It will be seen that the advice bears a strong resemblance to that given by the New Health Society. The G.M.C.'s new Central Council will select the medical men who are to sign the articles, but no indication is given of the fate which will befall a medical author who is unauthorized by the Council's officers to indulge in health publicity, nor is the method of selection of the 'blessed few' divulged. The new decision of the G.M.C., in my opinion, is another effort to re-establish monopoly and it is indicative of the pressure exerted upon them by the non-orthodox that a sacred rule should be overthrown (or partially suspended) in order to defend the citadel of orthodox medicine from further attack by competitors of the newer schools. What I have written in this chapter is amply confirmed by this most recent change of policy on the part of the G.M.C.

CHAPTER XIV

WHY WE APPROACHED PARLIAMENT

ALTHOUGH osteopathy has been practised in Britain for over a score of years, little or nothing had been heard of it in the Press, and certainly it had not been raised as an issue in Parliament, until 1925. It is not at all a matter for surprise therefore, that the attempts of the General Medical Council to kill our profession should have given it a new life and a wider reputation. Tyranny is ever its own worst enemy, and in this instance it was an attempted boycott which gave to osteopathy an opportunity to stand in the limelight of public attention.

A New Phase

I was busily engaged in my practice when the General Medical Council thought the hour was opportune for launching a direct attack upon those who stand outside the sheep-fold of orthodoxy. They—the statutory guardians of the public weal in matters of health—thought fit to issue a 'Warning Notice' of an uncompromising and forbidding character. There was nothing half-hearted in its terms—it was terse and unequivocal in the last degree. Here is the actual wording:

The Bombshell

ASSOCIATION WITH UNQUALIFIED PERSONS

Any registered medical practitioner, who, either by administering anaesthetics or otherwise, assists an unqualified or unregistered person to attend, treat, or perform an operation upon any other person, in respect of matters requiring professional discretion or skill, will be liable on

proof of the facts to have his name erased from the Medical Register.

A Vain Search

My first knowledge of this devastating high-explosive shell came when, late one evening, my anaesthetist (a qualified medical man) telephoned to me that, in view of this warning notice, he felt that he was undertaking a grave risk in co-working with me and had decided that he could not imperil his status by continuing to do so. The General Medical Council had won the first battle of the war, or so it seemed. I had several operations fixed for the following day and the position, both for my patients and myself, was serious. Unless I could find a qualified medical man who was willing to brave the wrath of the General Medical Council my work would be ended so far as operations were concerned.

The 'Hold-up'

I sought for such help, but failed to find it. I thought that perhaps Sir Herbert Barker could help me and telephoned to him, asking whether Dr. Frank Collie (who was then associated with him as Dr. Axham's successor) would help me in the difficulty. Dr. Collie, as he has since publicly stated, knew little of me and less of osteopathy; and at that time he flatly refused to assist me, though later, as I have shown he came into association with my work.[1] I renewed my search, but none of my medical friends dared to come to my assistance. The remembrance of Dr. Axham's fate was not without its potency even then, and my operations had to be postponed. Amongst those who awaited my success in finding an anaesthetist was Sir Walter Runciman, who wrote to the

[1] *See* Chapter IX, 'Education and Propaganda', where it is explained how Dr. Collie assisted me in carrying on my Free Osteopathic Clinic without incurring penalties from the General Medical Council.

Press, in emphatic protest against the action of the General Medical Council, but that body of 'safeguarders', in silent majesty, continued to point the sword of potential destruction at the throats of medical men who might be inclined to place humanity before professionalism. At the end of a fortnight's cancellations of appointments and searchings for help I found a medical man brave enough to take the risk of helping me by administering anaesthetics. The General Medical Council's attack had been temporarily defeated, so far as my own practice was concerned, but the 'hold-up' had lasted a fortnight, and the next move appeared to be with the statutory defenders of the public from the benefits of unorthodox practice.

But there entered into the arena those whom the General Medical Council is statutorily empowered to protect. The general public suddenly awoke to the fact that the General Medical Council was not so much concerned with public interest as with professional preservation, and they showed disapproval of the tactics employed by that septuagenarian body. The British public resents being browbeaten by any authority, but when it suspects professional interest it infers malice, and wishes to know what the rules of the game are and 'what the game is'.

The Public Wakes up

Not that the British public has any grudge against doctors personally. They may feel that the medical profession cannot do a great deal to cure disease, they know from experience that doctors are by no means dangerous to ill-health, but they are always sportsmanlike and willing to make allowances for those who try with a good grace and fail with dignity and good-humour. But when a body of autocrats, whose names they do not know and whose motives they are not certain about, endeavours to strangle a young and

promising rival profession, they begin to ask who they are and what is the trouble and why? There was no question as to their interest in this matter and I cannot do better than quote an interview which the *Daily Sketch* printed at the time:

BATTLE FOR RIGHT TO HEAL DEAF

FAMOUS AURAL SURGEON'S WORK HELD UP BY MEDICAL COUNCIL'S THREAT TO DOCTORS

A battle in which vital public interests are involved is threatened owing to the issue by the General Medical Council of a circular warning doctors that they will be struck off the register if they assist practitioners whom the Council hold 'unqualified'.

Similar warnings have been previously issued, but this time some medical men have received a circular with the warning specially underlined.

A direct outcome of this warning is that Mr. Wilfrid A. Streeter, the well-known osteopathic surgeon, has had to stop the important aural operations which he conducts every day because the qualified medical man who assists him by administering the anaesthetic has felt, in view of the warning, compelled to withdraw his services.

Mr. Streeter, who has cured thousands of people of deafness by his manipulative surgery, told the *Daily Sketch* at his surgery in Park Street, W., last night that the situation was serious for him and for the hundreds of people who were seeking his aid.

'I am determined to fight this matter to the end,' he declared.

'The doctor who has been helping me rang up this morning to say that he could do so no more, although he had great appreciation of the work I was doing and wished he could continue to work with me. I have in consequence had to telegraph putting off patients who were due to arrive. Among them are some prominent people, although my patients include people of all ages and classes.

'I had intended shortly to start a Clinic for poor folk

suffering from deafness, but this scheme is now in jeopardy. Must suffering humanity continue to suffer because of some ruling by the Medical Council?

'Before I came to London I practised for eighteen years in Glasgow. In America, my native country, I passed through the extensive study and training which must precede the efficient practice of osteopathy, which is legally recognised in America.

ENEMY OF QUACKERY

'I am as great an enemy of quackery as any member of the Medical Council; I want to raise the standard of competency, not to lower it. Osteopathy should be given the same status as medicine or dentistry. It is in the public interest that this should be done.

'I am not afraid of the strictest investigation into the work I am doing. I have succeeded in curing deafness in hundreds of cases where the ordinary doctor has failed, as letters from patients show, and I shall fight the Medical Council's ruling. My work must go on.'

Sir Herbert Barker, the famous manipulative surgeon, expressed regret to the *Daily Sketch* that the excellent work Mr. Streeter was doing should be thus obstructed.

'I would like to know what would happen,' he said, 'if some one outside the medical profession discovered, say, a cure for cancer or consumption, and the services of an anaesthetist were required to administer that cure. Would humanity be denied the advantage of the cure because of a ruling by the Medical Council?'

—*Daily Sketch*, November 29th, 1924

Aiming at Monopoly

The General Medical Council still remained immobile and unresponsive to public feeling, as might be expected from a body of static mentality possessing statutory powers. Entrenched behind the Act of 1858 they continued to fulfil the prophecy of Lord Ebury, a former Member of Parliament and a Comptroller of H.M.'s Household, when the Bill was

under discussion in Parliament. The speech was delivered over seventy years ago, and is one of the most remarkable forecasts of events in the history of human affairs. It is worth while placing before the reader the views of a man who could estimate with accuracy the effect of the Medical Act of 1858. Lord Ebury, who, as a prominent figure in Court circles, had much influence, said :

'The ostensible object of the Bill was to remedy the anomalies that at present existed in the medical profession of this country, but the real effect of it would be to secure a monopoly to these various associations. The only petitions in favour of the Bill had come from the medical bodies themselves, and not from the qualified practitioners. It was, in point of fact, a doctors' Bill. He should object to clauses in Committee. What, he would ask, was the state of the practice of medicine in this country? They were going by this Bill to confer a monopoly in the practice of medicine in this country upon persons who themselves said they had no confidence whatever in that practice. What said Dr. Baily just before he died? "He feared that he had done more harm than good." What said Dr. Chalmers in his funeral oration over Dr. Williams? Why, that he had no confidence in medicine. What said Dr. Forbes? Why, that the present practice of medicine was so entirely unsatisfactory that he hoped some new school would be set on foot. In the Bill before the House they were going to confer a monopoly of the medical practice of this country on a set of men who declared they had no confidence in the system.'

I began to work in 1923 for the amendment of the Medical Act under which the monopoly that Lord Ebury foresaw was enjoyed by the medical profession

for many years, with little competition from the unorthodox until comparatively recent years. The General Medical Council's warning notice was an attempt, in my opinion, to re-establish the monopoly. Being convinced that further action was necessary in order to assert our rights to practise our profession without autocratic interference, I communicated with Mr. Arthur Greenwood, Labour M.P. for Nelson and Colne and Parliamentary Secretary to the Minister of Health in the Labour Government of 1924, who gave me his whole-hearted co-operation and put down a question in the House of Commons. The text of the questions and answers is given below as they appear in Hansard for March 5, 1925:

GENERAL MEDICAL COUNCIL

MR. ARTHUR GREENWOOD asked the Prime Minister whether his attention has been called to the warning notice issued to registered medical practitioners by the General Medical Council, purporting to give a summary of the resolutions and decisions of the council upon forms of professional misconduct; whether he is aware that in consequence of the issue and circulation of that notice registered medical practitioners are deterred from assisting, by administration of anaesthetics or otherwise, qualified but not registered practitioners of osteopathy, bone-setting, and other new forms of treatment of human ailments; whether he is aware of the feeling of dissatisfaction amongst the general public and also amongst many medical practitioners with the exercise by the General Medical Council of its functions and powers conferred by Statute of 1858; and whether he is prepared to set up a Commission or Departmental Committee of inquiry into the operation and administration of the various medical Acts, and the exercise by the General Medical Council of its functions and powers under such Acts, with a view to the introduction of such legislation as may be necessary to ensure the recognition

and legal regulation in this country of osteopathy, bone-setting and other new methods of treatment, and to safeguard both qualified practitioners and the general public ?

The Secretary of State for Foreign Affairs (Mr. Austen Chamberlain) : I must apologize for the absence of my right. hon. Friend the Prime Minister. I understand that the warning notice to which the hon. Member refers was adopted virtually in its present form by the General Medical Council in 1897 and subsequent alterations have been merely verbal. The answer to the second part of the question is in the affirmative. As regards the third and fourth parts, while the application of the principles laid down in the notice to particular cases may have given rise to criticism, there is no evidence of any general dissatisfaction among the public or the medical profession, and I see no necessity for the appointment of any commission or committee such as the hon. Member suggests.

Mr. Greenwood : Would the right hon. Gentleman be good enough to ask the Prime Minister whether he would receive a deputation of some Members of this House ?

Mr. Chamberlain : I suggest to the hon. Gentleman that the most convenient and practical course would be for him to make representations to my right hon. relative the Minister of Health.

Was it Bluff ?

The Minister of Health's promise to receive a deputation was communicated to me, and Mr. Neville Chamberlain was waited upon by certain representatives of the British Osteopathic Association, who were introduced by Sir Harry Foster, M.P. The Government, however, were not prepared to appoint either a Commission or Departmental Committee, and for a time the matter rested there, so far as Parliament was concerned ; but it is worthy of note that the 'warning notice' of the General Medical Council was not enforced against those who were defying it.

More Bluff?

I attribute the failure to carry out the threat to the powerful influence of public opinion, which was declared by those in authority (who were apparently suffering from 'Political Christian Science') to be without any existence whatsoever. This unwillingness to recognize actual facts sometimes leads the medical politicians into difficulties from which it requires some ingenuity to escape. Dr. Graham Little, M.P. for London University, who has distinguished himself as a fierce opponent of osteopathy, provided an excellent example of ostrich-emulation when, on February 9, 1926, he moved in the House of Commons a resolution asking for an inquiry into 'the whole position of irregular practice in medicine and surgery'.

'Put 'em in Gaol'

His speech, as recorded in Hansard, displayed the same animosity to osteopathy which is reflected in his letters to the Press, and, if I may be allowed to say so, a similar paucity of knowledge of our profession. He applauded the laws of Brazil, where the unorthodox (so he told the House) are given one month's solitary confinement. Mr. (now Sir) Hilton Young seconded the motion in a speech so breezy, so debonair, and so lacking in practical application that no one was astonished when it was shortly afterwards announced that he had been appointed as a *lay member* of the General Medical Council. Then followed a speech by Mr. Cyril Atkinson, the distinguished K.C. and parliamentarian, who told the House a great deal which had been omitted from the previous speeches; and his defence of osteopathy, followed by that of Mr. Basil Peto and Mr. John Bromley, made so great an impression on the House that the enthusiasm for the proposed inquiry—from the orthodox medical view-point—completely vanished. There appeared to be so strong a feeling in favour of Mr. Atkinson's amendment,

which asked for 'regulation and registration of manipulative practitioners, having approved qualifications', that certain members of the medical group in the House felt that Dr. Graham Little's motion was a strategical error and the debate ended by Colonel T. Sinclair (a medical man and the only member of the General Medical Council in the House) talking the motion out, thus deliberately preventing the House from voting upon the question. This collapse of the attack upon osteopathy, or, rather, the abandonment of the attack by the medical men themselves, showed that they were afraid of meeting the issue in the open daylight of a public inquiry.

Doctors Run Away

The public demand for justice to Dr. Axham, and the result thereof—a tragic story which does not need to be retold—is not forgotten. My readers will recall that the unorthodox practitioner with whom Dr. Axham worked received a knighthood. Dr. Axham was de-registered and was never put back on the English surgeons' register, but the medical man who took his place was left alone. My readers will wonder with me whether the conferring of a knighthood and the 'leaving alone' are both manifestations of a change of policy on the part of the General Medical Council, or whether the General Medical Council was guided by transitory motives of expediency, arising from fear of public opinion. If expediency, the General Medical Council stands convicted of hypocrisy, and if there has been a change of policy, they are guilty of inconsistency, for, if they allow a medical man to help an osteopath they should carry out their policy to its logical conclusion and cease to oppose our demand for recognition and regulation.

The 'Axham' Case

Let Us Stand Alone

Perhaps I am laying myself open to a charge of over-insistence on this point, but I am anxious that it should be understood that osteopaths do not desire to be recognized by the medical governing bodies; what we require is recognition and regulation by the State. To many of us it appears an anomaly that the training and education of those who practise the healing art should be in the hands of a sect instead of being directed by the educational authorities. But if the State holds that education and regulation must be carried out by sects, then osteopathy should be allowed to administer its own affairs without interference from other schools with differing brands of thought and technique.

About this time the General Medical Council was added to by the appointment of Sir Hilton Young as lay representative, and a certain amount of light was thrown upon the reasons for his election by the following questions and answers in the House of Commons:

GENERAL MEDICAL COUNCIL
(LAY MEMBER)

MR. ERSKINE asked the Vice-Chamberlain of the Household, as representing the Lord President of the Council, what was the object in appointing a lay member on the General Medical Council?

MAJOR HENNESSY (Vice-Chamberlain of the Household): It would be contrary to practice to disclose the grounds upon which the Privy Council advised His Majesty to make the recent appointment. No doubt my hon. Friend is acquainted with the public discussion which has taken place in connexion with the constitution of the General Medical Council.

SIR NICHOLAS GRATTAN-DOYLE: May I ask whether the appointment of a lay member signifies any change in the

policy which the General Medical Council adopted towards Dr. Axham ?

COLONEL HENNESSY : I should like to have notice of that question.

MR. ERSKINE : Arising out of that question, may I ask if the hon. and gallant Gentleman is aware—

COLONEL DAY : Do not read it.

MR. ERSKINE : I am not reading it. May I ask if the hon. and gallant Member is aware that Dr. Collie, a registered medical practitioner, is now acting in the same capacity as Dr. Axham acted in times gone past to Sir Herbert Barker ?

MR. SPEAKER : That question seems to involve an individual, and may carry an implication which is not plain to me at the moment. For that reason I should like to see the question in writing.

MR. MACQUISTEN : May I ask the hon. and gallant Member if it is not the case that the purpose of appointing a lay member to the General Medical Council is to abate the autocracy of the medical profession and dilute the fanatical trade unionism with which they are possessed ?

MR. SPEAKER : I must ask the hon. and learned Member to try to shed some of the adjectives in his supplementary questions.

We Defy the G.M.C.

It will be seen that Mr. J. M. Erskine, M.P.—a firm friend of the osteopathic cause—gave the General Medical Council no excuse for ignoring the fact that Dr. Frank Collie[1] was then working with me. No action was taken by the General Medical Council, and it can be truly said that 'Collie stands where Axham fell'. I believe that we are entitled to look upon the inaction of the General Medical Council as a milestone in the history of osteopathy's progress in Britain, for it must surely be a tacit recognition of the high prestige which our profession has gained in comparatively few years.

Yet we cannot be content with such a signal—we

[1] *See* Chapter IX, p. 122.

desire to see accomplished the full recognition on the statute book of the rights of osteopaths to practise and the rights of the public to avail themselves of their aid. With this in view Mr. F. A. Macquisten, M.P., undertook to put a question in the House of Commons on June 2, 1927, and again I quote from Hansard :

GENERAL MEDICAL COUNCIL

MR. MACQUISTEN asked the Minister of Health whether, in view of the modern developments in the science and art of healing, he will cause to be appointed a Royal Commission to inquire into the operation of the Medical Acts of 1858, with a view to the alteration of the laws, especially with reference to the powers and privileges of the General Medical Council ?

MR. CHAMBERLAIN : No, sir. I do not think that modern developments in therapeutics necessitate any revision of the powers and duties of the General Medical Council, and my right hon. Friend the Lord President of the Council shares my view.

Out of Date

Mr. Neville Chamberlain's failure to appreciate the advance of therapeutics since 1858 tempts me to remind my readers of the fact that Dr. Andrew Still was forty years in advance of his time and that the Medical Act is seventy years old. Those who are mathematically minded can calculate how far behind the times is the law relating to the practice of the healing art in Britain. It is not unreasonable to say that the present law is utterly out of date and should be placed in the remoulders' hands without delay.

It is generally understood that Ministers of the Crown have permanent advisers to whom they turn for guidance in matters of this nature, and it is only natural that medical men of the old school should assure them that there is nothing of value in any rival system.

But there is a problem which still remains unsolved, and that is—Who advises the British Broadcasting Corporation on matters medical? The Corporation is now State-controlled and one would expect the State to hold an even balance between rival schools of thought and practice.

B.B.C. Muddle

Not long ago I was invited to prepare a 'talk' on 'the value of the wireless in the re-education of the deaf', and in the usual way I submitted my draft of the proposed 'talk' to the B.B.C. Being a firm believer in the value of wireless as a means of re-educating deaf people in the use of their sense of hearing and its beneficent influence in removing the sense of isolation and the consequent depression, I emphasized these points. Being also a believer in the osteopathic treatment of deafness, I made bold to mention the value of this also. The B.B.C. returned the draft with the suggestion that the reference to osteopathy should be deleted and with this request I complied and returned the draft duly purged of the offending words.

Yet even then the B.B.C. did not feel at all happy. The awful truth suddenly smote them in a vital part, and they returned the draft with a letter which stated that the Ministry of Health arranged their medical 'talks' and that my 'talk' could not be allowed because I was not a medical man.

My 'Talk' Banned

Mr. Macquisten asked the Postmaster-General a question, and I quote it from Hansard of February 28, 1928:

BROADCASTING

Mr. Macquisten asked the Postmaster-General whether the British Broadcasting Corporation is authorized to exercise discrimination between representatives of the

medical profession and other practitioners who do not belong to that profession?

SIR W. MITCHELL-THOMSON: The British Broadcasting Corporation is entirely responsible for the selection of the persons engaged to broadcast talks or lectures, and I do not propose to interfere with the Corporation's discretion in this matter.

MR. MACQUISTEN: Is the right hon. Gentleman aware that the British Broadcasting Corporation asked a distinguished osteopath to give a talk, that he sent the talk for revision, but that they sent it back to have cut out all references to osteopathy, and after this was done the British Broadcasting Corporation then wrote that because he was not a doctor, which they knew all along, they would not allow him to give this talk; and will the right hon. Gentleman take some authority to prevent such incidents happening again?

SIR W. MITCHELL-THOMSON: I am not officially aware of any of these matters, and I do not propose to interfere with the discretion of the Corporation.

MR. MACQUISTEN: But I wish the right hon. Gentleman to interfere with their indiscretion!

Keeping Us Out

Later the Ministry of Health was pressed on the subject and made the statement that it has no rule which prevents broadcasting on medical subjects other than by orthodox practitioners. It will no doubt appear a little involved to my readers, and sometimes I wonder if I have a comprehensive grip upon it myself, but it seems that the B.B.C. places the onus on the Health Ministry, the Postmaster-General puts it back on the B.B.C., and the Health Ministry has no rule against osteopaths broadcasting, although the B.B.C. thought they might have, and the upshot of it all is that we are not allowed to broadcast, which is no doubt just what the Ministry of Health wants.

Possibly at some future time we shall enjoy all the privileges accorded to medical men; we shall (like

them) not only talk on the wireless, but shall have exemption from service on juries, cheap petrol for our cars, the right to sue for our fees, the legal right to administer anaesthetics, and the freedom to follow our profession without the danger of being treated as malefactors.

I have no doubt, however, but that those sectarians who now wave the wizard's wand over our official spokesmen will do their utmost to retard the approach of that day of State recognition, and it may be that they will misread the writing on the wall for a decade or so more. But the weighing in the balance proceeds, and the public are recognizing that they have been given 'short weight' for too long and are asking, in every section of society, how long they are to pay the piper for the same old dance of gyration without progression.

Our Policy

In another chapter fuller reference is made to the different opinions held by British osteopaths as to the policy which should be pursued in regard to a legislative programme. There is no reason why the public should not be made aware of these differences, since they are common to all efforts to obtain legislation. There is—or perhaps I had better say was—a section who believed in the policy of asking for the half-loaf, the doctrine of this section being that by asking little they would receive that little, and when that little was digested they would ask for more in the belief that they would speedily receive the remainder of their demands.

The Half-Loaf Again

There was another section which agreed with me in maintaining that, if osteopathy is right in principle and has a valuable gift to bestow upon the public, the proper, the better, and more consistent policy is to ask for exactly what we want at the outset and to demand that our profession shall be surrounded by such safeguards as will allow osteopathy

to develop upon its own lines. The half-loaf request is in my opinion impolitic and out of keeping with the circumstances.

Folly of Compromise

Well do I remember how my efforts in Massachusetts thirty years ago, when I endeavoured to obtain complete State recognition and regulation, were frustrated by such half-hearted tacticians. I was then chairman of the Legislative Committee of the Massachusetts Osteopathic Association, working in close co-operation with Dr. Achorn and Dr. Ellis, of Boston. We had achieved no little success by obtaining a special State law authorizing the Osteopathic School to receive bodies from the State institutions for dissection; the law also placed the degree of D.O. on a similar footing to other academic degrees, this being the first new degree added to the Statute Book for forty years. In spite of the opposition of the combined ' medical trust ', and in defiance of the Governor's veto, we had reached a settlement whereby a separate Board of Osteopathic Registration was to be set up. But just as we were about to have our victory inscribed on the Statute Book, a few fellow-osteopaths, holding the half-loaf view, went to the State House and informed the authorities that they did not desire a separate Board of Registration but were content to have for osteopaths the same examination as that required for medical practitioners. Victory was snatched from our grasp, and the result was that osteopaths in that State have been compelled to face both ways and combine the study of osteopathy with that of medicine—a combination which seriously handicaps them for osteopathic work. The political efforts of the osteopaths of Massachusetts for the last twenty years have been directed toward changing this law, and those efforts are a sufficient indication of the hunger which follows from the ' half-loaf ' policy. It

would not be too much to say that instead of receiving half a loaf the osteopaths were thus presented with a dangerous viper, from whose fangs they find it most difficult to escape.

'Ask for What You Want'

Anyone who has followed the history of legislation in Britain will realize how difficult it is to amend a law which has been regarded as enforcing an agreed policy. If we had a law passed to-morrow on the principle of partial recognition of this kind we would probably have to wait in the wilderness for another forty years before the next instalment could be obtained. It is undoubtedly the wiser policy to make up our minds what we want, ask for it, and fight until it is obtained. Half-recognition of a right principle is quite as harmful as not getting it at all. Happily there is now in Britain no more cause for disputation as to the correct official policy. In 1928 the British Osteopathic Association accepted my suggestion that a conference should be held to discuss the points of difference as to Parliamentary policy and to recommend a policy. The two members appointed by the British Osteopathic Association were Dr. Pheils and Mr. Cyril Atkinson, K.C., M.P., and I chose Mr. Keith Erskine as my colleague on the committee.

We Agree At Last

Certain resolutions were passed, which were afterwards approved by the Council of the British Osteopathic Association, and I hope that those who wish to see the principle of solitary confinement imported from Brazil will not have any opportunity for doubting that we present a united front and are entirely unanimous in asking that osteopathy shall have entirely independent recognition and regulation from the British Parliament.

I am sufficiently optimistic to hope in these circumstances that the comments of the *Osteopath* of

America may have some application to Britain. In 1927 a dinner was given by Mr. J. Monteith Erskine, J.P., M.P., at the House of Commons at which the then Viscount Curzon, M.P., (now Earl Howe) and myself were the guests of honour, and the *Osteopath* commented thus :

> Just what would it mean to the cause in this country if an equally prominent osteopath could be entertained by eighty members of the House and Senate ? If the whole evening could be given to a discussion of osteopathy ?
>
> We might even get a national law, entitling bona-fide graduates to practise in any State and every State in the Union ! And that is exactly what we should be permitted to do.

CHAPTER XV

AN OSTEOPATHIC CATECHISM

IN my everyday practice so many questions are asked me concerning the osteopathic theory and cure of disease that I have thought it would be appreciated by many inquirers if these questions were answered in simple and concise language, without going more deeply into technical terms than is absolutely necessary to give a sufficient answer to such queries. The most common of the questions are set out in the following catechism :

ORIGINS AND HISTORY OF THE SYSTEM—IMMUNITY, ETC.

Q. Who originated osteopathy ?

A. Dr. Andrew Taylor Still, scientist and reformer, a medical practitioner of the regular school, (born August 6, 1828), whose centenary was celebrated in 1928 at Kirksville, Missouri.

Q. Was his discovery welcomed by his fellow-practitioners ?

A. No. They said it was 'the work of the devil'.

Q. How did they treat him ?

A. He was ostracized from fraternal relations and dubbed 'a crazy old jackass !'

Q. Has osteopathy since made any headway against medical opposition ?

A. Yes ; in his own lifetime he saw colleges founded on a firm basis for teaching the science. He lived to see the science legally recognized on an independent footing in every State of the U.S.A.

Q. Why did he seek an alternative to orthodox methods ?

A. Because he had ample opportunities as a practitioner,

for realizing the failures of orthodox methods. He began to lose faith when he was a surgeon in the Union Army during the Civil War.

Q. How long did it take Dr. Still to work out his new theory ?

A. He fixed upon June 22, 1874, as the day when he reached a clear conception of what is now known as osteopathy. This was sixteen years after he first began to lose faith in orthodox methods.

Q. What doubts arose in Dr. Still's mind ?

A. He began to ask himself (1) 'Why do men recover from certain diseases, such as pneumonia, smallpox, scarlet fever, typhoid fever, cholera ?' (2) 'Why are men who recover from certain of these diseases (such as smallpox) as a general rule safe from another attack, whilst men who recover from certain other of these (pneumonia) are freely susceptible to another attack ?' (3) 'Why does anyone recover from these diseases at all ?' (4) 'Why do not all die or all remain immune to a second attack ?'

These were the very questions which the earlier immunologists of Europe asked themselves a score of years *after* Dr. Still asked them and answered them, and the answer in both cases was the same.

Q. How did Dr. Still answer these questions ?

A. All these diseases (infectious), he said, act alike in principle. The difference is only superficial. One attack of smallpox prevents a second attack ; one attack of pneumonia does not. The truth is that one attack of pneumonia actually does prevent another attack precisely as in smallpox, except that the term of safety or immunity against pneumonia is shorter than in the case of smallpox.

This was Dr. Still's answer, and this also was the answer of the famous pathologists of Europe twenty years later ; for it is clear that if safety against a second attack for at least some length of time were not established in any recoverable disease there never could be any recovery at all

[1] *Scientific Foundations of Osteopathy*, by Professor M. A. Lane.

in the first place ; and this is exactly what occurs when the patient dies of any one of these diseases.

Q. What connexion has this with the osteopathic theory of the causation and cure of disease ?

A. Obviously there must be some imperfection, or defect, in the body mechanism for the manufacture and circulation of the antibodies in the cases of death from disease—some defect in the normal mechanism which affects the ordinary work of the machine. The osteopath makes it his business to locate these defects and remove them, thereby affording the body an opportunity of regaining its equilibrium.

Q. How does the osteopathic theory, as originally stated by Dr. Still, stand in the light of modern research ?

A. Professor M. A. Lane, late Professor of Pathology, American School of Osteopathy, and a scientist of international reputation, states : 'American medicine is barren save for Still's development.' He also states : 'Dr. Still anticipated the best scientific thought of Europe by forty years.'

Q. What were Dr. Still's outstanding contributions ?

A. First, his theory of the mechanical (anatomical) lesion, and secondly his theory of the impairment of the chemical immunity of the body, both of which he put forth as a cause of disease and both of which have absolutely stood the test of time and subsequent scientific criticism and research.

Q. What was his theory of immunity ?

A. Professor Lane states that the original mind of this American genius (Dr. Still) was the first to perceive the truth that Nature has developed in the animal body its own defences against diseases.

Q. Is this theory accepted or rejected to-day ?

A. European research has now confirmed Dr. Still's teaching, and modern medicine is based upon this theory of immunity.

Q. Had the mechanical concept of the causation and cure of disease ever been suggested by any other school of medical thought before Dr. Still promulgated it ?

A. No.

Q. In what other respect was Dr. Still at least twenty years in advance of his time ?

A. He was 'probably the first physician who held that inflammations were not diseases in themselves, but merely the effort of the body tissues and the blood to heal injuries'. Back in the 'sixties of last century 'he taught that the protective and healing power of the body, through its own internal chemical substances, was universally true ; not only in the case of disease (so-called), but likewise in the case of injuries done to parts of the body in other ways, such as bruises, cuts, fractures, or wounds of other kinds '.[1]

DEFINITIONS AND THEORY—LESIONS, ETC.

Q. What is osteopathy ?

A. The *Encyclopaedia Britannica* states :

> 'According to its advocates, osteopathy is that system of the healing art which regards the structural integrity and adjustment of the mechanism of the body as the most important single factor in maintaining the organism in health, in contrast to the older systems which regard the chemical intake of the body as the most important factor.'

Q. How would you define it briefly ?

A. As the theory and practice of adjustment.

Q. Define it in another way.

A. As the great system of drugless medicine and bloodless surgery.

Q. What is meant by drugless medicine and bloodless surgery ?

A. It means curing disease without drugs or surgical operations by osteopathic manipulation, viz. correcting osteopathic lesions and preventing the necessity for surgical interference.

Q. What is the foundation principle of osteopathy ?

[1] Cf. Professor Lane, loc. cit.

A. Briefly, that health comes from within; that if all the parts and organs of the body function properly health will result.

Q. What is an osteopathic lesion?

A. It is the name given to any structural derangement, no matter how small or where found in the body, which interferes with the normal functioning of any part of the human mechanism.

Q. What types of lesions are there?

A. The most important are: bony or articular lesions; ligamentous; cartilaginous; muscular; nerve or nerve-centre lesions, and vascular lesions.

Q. Why do osteopaths pay so much attention to spinal lesions?

A. Because spinal maladjustments are the most frequent predisposing causes of disease.

Q. Why do these spinal maladjustments affect the bodily functions and health generally?

A. Because the human body is a delicately adjusted machine which requires for its proper functioning a perfect co-ordination of all its working parts.

Q. Why is the spinal column subject to continuous displacements?

A. Because it has to perform the dual functions of protection and flexibility.

Q. Why do these spinal maladjustments adversely affect the internal organs, say the stomach, kidneys, liver, pancreas, spleen, intestines?

A. Because every part of the human mechanism must be connected with the central nervous system, and anything which interferes with this connexion, reflexly or otherwise, produces trouble in the distant parts. For a simple explanation take the case of a footballer whose spine, through an accident, is forced forward in the upper dorsal area. This maladjustment might (and probably would) produce circulatory or digestive disturbances.

Q. To take the converse, would it be correct to say that long-continued abuse of one of the viscera (say the stomach) would produce a spinal lesion?

A. Yes—a glutton might by persistent excess cause

impulses to pass over sensory fibres from his overworked stomach to associated centres in the spinal cord, and thence reflexly out, over motor-nerves arising from the same levels, to muscles and ligaments attached to the corresponding vertebrae. A *cure* in such cases is based upon a discontinuance of the dietetic indiscretion, but there might be secondary bony lesions produced which would have to be removed by a human engineer before a complete cure was accomplished.

Q. What is the characteristic feature of an osteopathic *bony lesion* ?

A. Lack of motion of joint structures; immobilization in an abnormal position.

Q. Do spinal lesions affect internal organs otherwise than through reflex actions ?

A. Yes—sometimes by direct interference with the nerve and blood supply; but this is the exception rather than the rule.

Q. Explain then how the spinal cord structures, and nerves arising from them which supply distant organs, either directly or through their blood supply, are affected by spinal lesions, other than reflexly or by direct pressure, or through endematous swelling due to slight local injuries.

A. Through long-continued irritation a thickening of tissue arises around the intervertebral foramina, which encroaches upon the structures passing through the foramina. The pressure from these thickened tissues first affects the lymphatics, then the veins, then the arteries, and lastly the nerve-sheaths—the last named being the most resistant to pressure.

Q. What scientific proofs are there of these contentions ?

A. A long series of experiments conducted at the Osteopathic Research Institutes, and by osteopathic specialists like Drs. Louisa Burns, C. P. McConnell, H. V. Halladay, and others. If orthodox verification carries weight the reader is referred to the recent 'discovery' by the clinicians of the Cornell Medical Collage, Utica, New York, and their analyses

of thirty-five uncomplicated sacro-iliac conditions. (In passing, note that the medical profession hails as a 'discovery' what Dr. Still taught fifty years ago.)

Q. How can the blood supply of an organ be influenced or controlled ?

A. By means of the autonomic (automatic) nervous system, which, among other functions, has that of directing and controlling the blood supply in all parts of the body.

Q. How are these autonomic nerve cells, or ganglions, and fibres in turn controlled ?

A. By nerve centres located in the spinal cord.

Q. Are these nerve centres automatic in their control of bodily processes ?

A. They are unless interfered with by some structural derangement of the tissues surrounding them.

Q. How can a structural derangement of these external tissues affect the working of the spinal nerve centres ?

A. Such derangements have been experimentally found to interfere with the blood supply and drainage of the spinal nerve centres, and these centres are then unable to perform their function, which is that of control.

Q. But do not these spinal maladjustments correct themselves of their own volition ?

A. Sometimes they do, but more often they do not. Even if they do, secondary complications may have been set up—perhaps at a point remote from the original trouble—which require outside assistance from an osteopath, in order that normality may be re-established.

Q. What did Dr. Still mean by 'Find it, fix it, and leave it alone' ?

A. He meant that it is necessary to remove any obstruction, wherever found in the human body, whether in the bony, ligamentous, muscular, vascular, or nervous systems, and then leave it to Nature, instead of pouring filthy poisons into the system.

Q. What determines that the bodily parts and organs will function or work properly ?

A. Structure determines Function ' ; that is, if all parts and organs are properly placed and related, one with the other, then each will function properly and the sum total is good health.

Q. Are accidents or injuries the main cause of the ills which afflict human beings ?

A. No. Most human ills are due to the friction of life, another name for which is functional irregularities ; but this friction just as surely produces structural deviations as do accidents or injuries. Defects due to accidental injuries are the exception rather than the rule.

Q. Is osteopathy a cure-all ?

A. No. Nature cures ; osteopathy is the greatest single aid to Nature.

Q. Dr. Still said : 'The rule of the artery is supreme. What did he mean by that ?

A. That a disturbed artery marks to the minute when disease begins, or that the quality, quantity, and distribution of the arterial blood, if interfered with, will cause disease.

Q. Explain further.

A. (1) The artery is controlled by nerve impulses which arise in the nerve centres of the spinal cord, or associated sympathetic ganglia.

(2) These nerve centres and the nerves which carry out from them, at their origins, are surrounded by the bony, ligamentous, and muscular structures of the spine, which has to perform the double function of completely protecting the delicate nerve structures within, and also providing an extremely flexible column which serves as an axis. Because of this dual function, which is made up of the diametrically opposing elements of flexibility and of strength, the spine is especially prone to structural disturbance, and this is vitally important because of the governing nerve elements with which it is related.

(The skull is a good example of protective function

alone ; the shallow shoulder-joint of good flexibility ; but the spine has to combine both functions, hence it is subject to continuous derangements.)

OSTEOPATHIC TREATMENT

Q. Do osteopaths move bones or set bones ?

A. The modern osteopath does both. He sets bones like any modern physician or surgeon when occasion requires. Some osteopaths specialize in general and orthopedic surgery, but their first care is to correct mechanical maladjustments, particularly bony lesions, or remove obstructions to any of the vital forces of the body.

Q. Do osteopaths treat anything but the spine ?

A. They treat or correct structural lesions or perversions wherever they are found in the human body. This includes dislocations, small or partial dislocations known as subluxations, of all the joints of the body ; and soft tissue lesions wherever they may be discovered.

Q. How are these 'lesions', many of which are very small, discovered ?

A. They are usually found by palpation or feeling with the fingers. The osteopath, through long training, becomes expert in this art, and it is found that his fingers become very sensitive to the most minute deviations from the normal structures.

Q. Is osteopathic treatment severe ?

A. No, it is always adapted to the patient's physique. The small child and the heavy set man get treatment conforming to their differing physical capacities. In addition, through years of scientific research osteopathic manipulations have been so accurately worked out and refined that seemingly remarkable corrections can be made without producing unpleasant feelings on the part of the patient. The result is that the usual reaction to a treatment is one of stimulation and well-being.

Q. Is osteopathic treatment ever dangerous ?

A. No, but imitative treatment is dangerous when administered by uneducated and unqualified persons.

Q. Is osteopathy a ' specialty ' ?

A. No. But osteopaths, like the practitioners of other schools, become specialists, and are well equipped to fulfil the role of specialist in various lines.

Q. Is osteopathy, then, a general therapy ?

A. Yes, most decidedly. It often achieves its greatest results in acute diseases, such as pneumonia, influenza, and tonsilitis.

Q. How can osteopaths successfully treat such diseases ?

A. By removing the obstructions to the vital forces of the body and stimulating the body's natural protective system.

Q. How much osteopathic treatment does it take to make one well ?

A. Enough to allow Nature to have her health-giving way. The number of treatments will vary according to the seriousness of the predisposing cause of ill-health. A stiff neck or lumbago lower in the spine, caused perhaps by a sudden twisting movement which slightly displaces one of the spinal vertebrae may be cured following a treatment or two. Chronic diseases which have brought about definite pathological changes in the organs and body structures take longer. But because osteopathy is always helping Nature it is the quickest of all known methods of treatment.

Q. Why do chronic or long-standing cases require longer periods of treatment ?

A. Because, in the first place, the lesions or predisposing causes have become more or less permanent in their malpositions, and thus require considerable work on the part of the osteopath before they can be fully restored and maintained. In the second place, *Nature makes the cure* after the osteopath has put things right, and Nature takes time to cure a disease process that has been several years in reaching its present stage. Nevertheless, in these chronic cases, good results often commence to be felt shortly after the treatment is instituted.

Q. What other adjunctive methods do osteopaths use in addition to mechanical adjustments ?

A. Osteopaths believe in fresh air, pure water, sanitation, hygiene, antiseptics, antidotes for poisons, anaesthetics, conservative surgery, right living and right thinking. In these general rules of life they resemble other sensible human beings.

OSTEOPATHY AND MEDICALS

Q. Why do most medical men deny the validity of the osteopathic spinal lesion ?

A. Because of their training and traditions it is difficult for them to adopt the mechanical viewpoint of the causation of disease as opposed to the older theories.

Q. Illustrate.

A. The author of a recent text-book on 'Manipulative Surgery' states : 'If by a series of actual dissections it can be demonstrated that it is mechanically impossible for the divisions of the spinal nerves to be subjected to abnormal pressure at the intervertebral foramina except by gross displacements, which are usually detected radiographically, then the underlying principles of osteopathy will be demonstrably false.' This statement indicates that the author has exactly the same conception of the osteopathic lesion that its most ignorant imitator has.

Q. How long will it take to educate the rising generation of students to the truth when such teaching is offered them in high places ?

A. Until the public insist upon a revision of the Medical Act of 1858, and osteopathic students are allowed to enter the hospitals which the public support but which are controlled by a small 'clique'.

Q. *Is an osteopath a better osteopath when he has had a medical training ?*

A. *No ; he is usually only half and half !*

Q. How do the orthodox medical men explain away the results which osteopaths achieve ?

A. Either by attributing them to suggestion or faith-healing.

Q. Does the ability to write prescriptions qualify one to detect mechanical maladjustments ?

A. No. The osteopath must handle the human body every day and work upon it. He must rely upon the impressions received through the finger-tips in order to detect mechanical maladjustments, and become skilful in their correction.

OTHER SCHOOLS AND METHODS—IMITATORS, ETC.

Q. What is the difference between osteopathy and massage ?

A. There is no similarity, other than the fact that both employ their hands in the manipulation of the human body. First and foremost, it should be kept in mind that the fully qualified osteopath is a highly trained physician ; he outlines and administers the treatment himself, whereas the masseur usually works under the direction of the attending physician.

Q. Is there any kinship between Christian Science and osteopathy ?

A. No ; the Christian Scientist insists on disregarding the physical body as having any real being, and then attempts to treat the ills of that body by means of mental suggestion, in the name of religion.

Q. How can one decide as to the health value of such things as Dietetics, Radiant Heat, Artificial Sunshine, Electricity, and the like ?

A. All these have a certain measure of value in the same limited sense that drugs have. For instance, if the body suffers from a lack of sunshine, then doses of sunshine, either natural or artificial, will be helpful in maintaining the balance of health ; but if the body suffers from *a lack of power to assimilate* sunshine, then all the sunshine in the world will only produce a bad case of sunburn. Until the body's power to *assimilate* sunshine, food or whatever element of its environment it needs is restored, the

mere offering of increased doses of these elements must take a secondary place in treatment. It is the function of osteopathy to develop and restore this power of assimilation.

Q. Why does osteopathy have imitators ?

A. Because in order to produce the best results every qualified osteopath has to undergo a long period of education and training. Unfortunately there are those tempted to aim at these results without this careful preliminary period of training, and these under the guise of various pseudonyms exploit the people who are turning to osteopathy.

Q. What is a chiropractor ?

A. He is a short term or correspondent graduate of a so-called school of practice founded by a man who originally studied osteopathy. This man 'invented' an imitative system of manipulations, the attractively advertised features of which were that it took very little in the way of time, money, or brains to acquire. Like all imitations, it was loudly proclaimed as being superior to its original.

Q. What is the term 'chiropractic' ?

A. A trade-mark used by persons who have no foundation except what they have filched from the osteopathic belief. The cult claims to cure everything from elephantiasis to housemaid's knee.

Q. Do osteopaths rely upon hypnotism, suggestion, or faith to obtain their results ?

A. No; there is no relation between them whatever. Confidence between the patient and the practitioner makes the association more pleasant, but Nature does the curing.

Q. Does one have to 'believe in osteopathy' in order to be benefited ?

A. No; it is not a faith cure. If your osteopath finds the cause of your ill health and removes it you will get well in spite of disbelief.

Q. Does osteopathy pay attention to dietetics ?

A. Yes. Sixty years ago Dr. Still taught that all substances taken into the body and chemically active there are either foods or poisons. Generally

speaking, it is a good rule to increase the variety, lessen the quantity, never take a second helping, and rise from the table wishing for more. This is usually all that the average person needs to know about dietetics. There is more nonsense written about dietetics than upon any other subject. Dr. Richard Cabot of Harvard University says that most of the books on the subject are only ' useful for pressing leaves '.

Q. Has osteopathy any treatment for ' deficiency diseases ' ?

A. Yes. It helps the body to assimilate the necessary body-building foods for lack of which the patient is suffering from 'deficiency diseases', of which the most common in Britain are rickets, diabetes, scurvy, and anaemia. The removal of lesions prejudicially affecting the digestive organs and the following of simple rules for diet, taking fresh air and exercise, can do a great deal to combat these diseases.

Q. Do ' deficiency diseases ' cause lesions ?

A. Yes, through the vicious cycles, explained earlier in the catechism (see page 221).

Q. Is fasting an aid to health ?

A. Periodic fasting of brief duration is beneficial in certain conditions, but it can be done at home better than anywhere else. There is no need to go to the ' Homes ' of physical culturists to suck lemons and oranges at ten to twenty guineas a week. Fasting should only be done under the advice of a person who has accurate knowledge of the body in health and disease—not under the faddists who clutch at certain half-truths and carry on 100 per cent publicity to attain their object.

Q. What is the difference between osteopathy and bone-setting ?

A. It is the difference between an organized profession and an intuitive cult. A qualified osteopath requires four to six years' professional training, following a secondary (high school) education of at least four years' duration. Bone-setting, according to its advocates, depends upon inherited ability, intuitive tactile sense, and so forth.

Q. What then is the use of bone-setters talking about founding a school to teach what a leading exponent regards as an unteachable technique ?

A. None.

VARIOUS

Q. How long does it take to make a modern osteopath ?

A. The minimum requirement is a preliminary course of four years of secondary (or high school) standard, and four academic years of professional training. In some States of the U.S.A. a course of university pre-medical training of one to two years is also required before beginning the study of osteopathy.

Q. When and where was the first school of osteopathy founded ?

A. May 10, 1892, at Kirksville, Missouri. During the eighteen years since 1874 Dr. Still had been demonstrating and teaching his theories privately to many students, including his own sons.

Q. Do osteopaths regard bacteria as a primary cause of disease ?

A. Obviously no. They regard bacteria as contributing factors. Colloquially stated, they say that when bacteria are found on or in the human body *in association with disease* they are caught in bad company. In other words, there must be lowered vitality before they can enter the system and produce symptoms (see questions on ' Immunity ').

Q. What is the best antiseptic ?

A. Pure blood.

Q. How do osteopaths use this principle ?

A. By influencing the quality, quantity, and distribution of pure blood to all parts of the body.

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